

Report on an announced inspection of

# **HMP Moorland**

29 November — 3 December 2010

by HM Chief Inspector of Prisons

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# Contents

<b>Introduction</b>	5
<b>Fact page</b>	7
<b>Healthy prison summary</b>	9
<b>1 Arrival in custody</b>	
<hr/>	
Courts, escorts and transfers	17
First days in custody	17
<b>2 Environment and relationships</b>	
<hr/>	
Residential units	21
Staff-prisoner relationships	23
Personal officers	24
<b>3 Duty of care</b>	
<hr/>	
Bullying and violence reduction	27
Self-harm and suicide	28
Applications and complaints	30
Legal rights	31
Faith and religious activity	32
Substance use	33
<b>4 Diversity</b>	
<hr/>	
Diversity	37
Race equality	38
Religion	40
Foreign nationals	40
Disability and older prisoners	41
Gender and sexual orientation	42
<b>5 Health services</b>	
<hr/>	
General	45
Clinical governance	46
Primary care	47
Pharmacy	48
Dentistry	50
Secondary care	50
Mental health	50

<b>6</b>	<b>Activities</b>	
	Learning and skills and work activities	53
	Physical education and health promotion	57
	Time out of cell	59
<b>7</b>	<b>Good order</b>	
	Security and rules	61
	Discipline	63
	Incentives and earned privileges	67
<b>8</b>	<b>Services</b>	
	Catering	69
	Prison shop	70
<b>9</b>	<b>Resettlement</b>	
	Strategic management of resettlement	73
	Offender management and planning	73
	Resettlement pathways	77
<b>10</b>	<b>Recommendations, housekeeping points and good practice</b>	85
	<b>Appendices</b>	
	I Inspection team	98
	II Prison population profile	99
	III Summary of prisoner questionnaires and interviews	102

# Introduction

Moorland is a category C training prison holding sentenced adults and young offenders. At the time of this announced inspection, the prison held between 430 and 433 prisoners.

The inspection took place at the beginning of December 2010. One month earlier, a serious disturbance had caused significant damage to the prison and the impact of this was apparent during our inspection. Although the inspection took place after the disturbance, the prisoner survey which informed the inspection was undertaken shortly beforehand, and inspectors also examined data relating to the period before the disturbance. So although this report does not explain why the disturbance took place – and certainly does not excuse it – it does describe what was happening in the prison before and after those events.

The inspection took place at a time when the normal regime of the prison was disrupted by heavy snow and this restricted some of what we could see.

Moorland prison has been combined for management purposes with Hatfield open prison. The inspection covered both locations. However, although some management processes and policies were common to both prisons, they were very different. We did not find any evidence that outcomes for prisoners had improved as a consequence of the merger. Indeed, in some areas we found that, because the data or other information relating to both sites was combined, it was not possible to identify and therefore address issues that were specific to either location. We have therefore reported on each location separately.

We concluded that overall, most prisoners were reasonably safe. There were good violence reduction measures in place and arrangements to care for prisoners at risk of self-harm or suicide were generally effective. Staff in the segregation unit treated prisoners respectfully and there was a welcome emphasis on encouraging segregated prisoners to reintegrate. Reception and induction arrangements were very good. It was pleasing to see that drug use appeared to be low.

However, there were some worrying exceptions. We were very surprised to learn that, despite a 20% increase in the number of security intelligence reports in the six months prior to the inspection, no attempt had been made to understand the reasons behind this. Other data that might have informed an assessment of the overall security and safety of the prison was not sufficiently analysed. No doubt this is something that those investigating the causes of the disturbance will want to consider further.

Although most prisoners felt safe, almost a third who responded to our survey told us they had felt threatened and intimidated by staff. The culture was too punitive and restrictive. Interventions to deal with poor behaviour did not usually go beyond issuing sanctions; there was insufficient attempt to tackle any underlying issues. The incidence of the use of force was high and almost two-thirds (60%) involved young adults who comprised just over a third (37%) of the population. Planned use of force was not filmed, so there was no way of confirming that it was carried out appropriately.

Our concerns about the safety of some prisoners reflected a more significant worry about staff-prisoner relationships in general. Prisoner perceptions of relationships were poor and our own observations bore out some of these concerns. We saw little positive interaction between staff and prisoners at key times. Few prisoners said they had someone they could approach with a problem. Relationships in specialist units such as reception or segregation were better. Staff added their own, informal sanctions to prisoners on the basic level of the IEP scheme by

unlocking them separately and so, in effect, keeping them segregated. Outcomes for prisoners in relation to diversity issues were poor and prisoners had little confidence in the system for dealing with racist incidents.

The poor relationships were compounded by an unsatisfactory physical environment and basic services. We saw many cells that were shabby, in a poor state of decoration and covered in graffiti. Many had been designed to hold two prisoners but some small cells that were intended for one also held two. Mail and telephone services were inefficient. The laundry was particularly disorganised so prisoners had clothing that was ill-fitting, dirty and in bad state of repair. Prisoners told us they did not receive cleaning material regularly enough to keep their cells clean. They complained about the quality and quantity of food, although we found that the food was adequate. As in all prisons, the price of goods from the canteen was much higher than could be obtained on the high street. Health was one area where services were improving with the appointment of a new provider. Improvements had been made to the health facilities environment.

The amount and quality of activity available to prisoners offered a better picture, although time out of cell was not good for any prisoner and was worse for the young adults. However, at the time of the inspection there was enough good quality work, education and training for most prisoners. There was a good library and gym. This provision would, of course, be put under more pressure once numbers in the prison increased as damaged accommodation was brought back into use.

There was some good resettlement activity. The accommodation services provided by Shelter were particularly good and offender management processes generally worked well. However, none of this was underpinned by a needs-based strategy and, overall, resettlement provision was insufficient and inconsistent. Although arrangements for visits were satisfactory there was little positive work to help prisoners build or repair relationships with their families.

Moorland had some solid strengths on which to build. Learning and skills provision, a much improved health service, the accommodation function run by Shelter, the apparently low availability of drugs and good specialist functions such as reception and segregation, all stand out as positive features of the prison. However, intelligence was not used effectively to identify trends or patterns of concern and this, combined with very poor staff-prisoner relationships and weak resettlement provision, threatened the prison's ability to hold prisoners safely and securely while working to reduce the likelihood of their reoffending on release.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**April 2011**

# Fact page

## **Task of the establishment**

HMP Moorland is a category C training prison, holding sentenced adult prisoners (all sentences, apart from lifers) and sentenced young offenders (all sentences, including lifers, and restricted status). Moorland is currently the only establishment in England and Wales which holds restricted status young offenders.

## **Prison status (public or private, with name of contractor if private)**

Public

## **Region/Department**

Yorkshire and Humberside region

## **Number held**

428 on 29 November 2010 (including four restricted status young offenders)

## **Certified normal accommodation**

763 (430 adults, 310 young offenders, 23 induction)

## **Operational capacity**

826 (460 adults, 325 young offenders, 41 induction)

## **Date of last full inspection**

12–16 December 2005

## **Brief history**

HMP Moorland opened in 1991, with a remand and YOI function, containing the original house blocks (1 to 4). House block 5 opened in 1998, providing an additional 120 spaces. In September 2002, HMP/YOI Moorland merged with HMP/YOI Hatfield, with a shared governor and senior management team. House block 6 (180 additional places) is in the early stages of construction, and will open at the end of October 2011.

## **Short description of residential units**

House blocks 1, 2 and 5 hold adults, and house blocks 3 and 4 hold young offenders. All house blocks are built to category B standard.

House blocks 1 to 4 are three-storey units, housing between 155 and 170 prisoners on three wings, and house block 5 houses 120 prisoners on two wings.

All cells have integral sanitation and each wing has showering facilities.

## **Escort contractor**

G4S

## **Health service commissioner and providers**

Doncaster Primary Care Trust  
Nottinghamshire Healthcare NHS Trust

## **Learning and skills providers**

The Manchester College



# Healthy prison summary

## Introduction

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HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

<b>Safety</b>	prisoners, even the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**- outcomes for prisoners are good against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

**- outcomes for prisoners are reasonably good against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

**- outcomes for prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

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HP3 Prisoners' first experiences of Moorland had improved and they received a good reception, speedy transfer through to the first night centre and relevant subsequent

induction. Violence reduction and suicide prevention measures were generally good. Most prisoners reported feeling safe but too many reported that they had felt threatened or intimidated by staff. Aspects of the regime were over-restrictive. There was good care of segregated prisoners and most were reintegrated. Planned use of force was not video-recorded. Clinical management of substance misuse was good, although there was insufficient integration of services, and there was little evidence of drug use. There was insufficient analysis of trends in relevant security intelligence. Overall outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 There were good relationships between reception and escort staff. Information was shared systematically and prisoner escort forms were completed properly. Most journeys were short, with some notable exceptions.
- HP5 Reception was clean, welcoming and well organised. Prisoners spent little time there, with nearly all procedures, including initial needs and risk assessments, carried out on the well-equipped induction and first night unit by trained and highly motivated staff. Communal areas in this unit were bright and well decorated, and cells were clean and properly prepared. A comprehensive induction programme was delivered by dedicated induction officers.
- HP6 A single violence reduction strategy covered both Moorland and Hatfield and was monitored through a single safer prison committee based at Moorland. Levels of violence were not excessive but the number of fights and assaults was disproportionately and consistently higher on the young adult units. Reporting systems were effective and the quality of investigations into alleged incidents was generally good. Proven incidents were dealt with quickly. Extensive analysis of information about violent incidents and near-death experiences was not used to inform changes in the overarching violence reduction strategy. Most interventions were punitive. Prisoner consultation about bullying and safety was underdeveloped. Although most prisoners said that they felt safe, too many reported that they had felt threatened or intimidated by staff.
- HP7 The number of assessment, care in custody and teamwork (ACCT) documents had increased by about 20% since the previous year. There had also been high levels of self-harm in the first few months of 2010; three prolific self-harmers accounted for nearly a third of all cases. Structures to minimise the risk of self-harm were generally good. The safer prisons committee was well constructed and the policy document was specific to prisoners' needs, and well promoted. The quality of ACCT forms was generally good. Case reviews took place on time and were usually well attended. There were links with the mental health in-reach team.
- HP8 The security committee met monthly, and also covered Hatfield. Representation was good but the information provided was not analysed sufficiently well. The number of security information reports had increased by around 20% since the previous year but there had been no attempt to understand the reasons for this. Trends in other relevant data were also not addressed. Links between security departments and other important functions were good. Some aspects of the regime were over-restrictive. Intelligence about the smuggling of contraband by visitors led to a demand for the visitor to be strip-searched; if that was refused, the police were called.
- HP9 The segregation unit was bright and clean. The regime included daily exercise and access to showers, education and the facility to continue with programmes or education on main locations, and televisions were provided to all prisoners except

those on the basic level of the incentives and earned privileges (IEP) scheme. Staff were respectful and helpful. The average length of stay for prisoners over the previous six months had been five days. Emphasis was placed on reintegrating segregated prisoners.

- HP10 Adjudication records were generally well documented and punishments fair, consistent with the published tariff and proportionate. Underlying causes of behaviour were investigated and mitigating factors identified. Governance of individual adjudications was good but there was no trends analysis.
- HP11 The incidence of use of force was high. More than 60% of incidents involved young adults. Records of use of force were full and correctly completed. They showed an inconsistent use of handcuffs, which were sometimes used unnecessarily with compliant prisoners. Planned uses of force were not video-recorded. The use of special accommodation in the segregation unit was high. While use had generally been properly authorised, there had been one occasion when it had been used as a constant observation cell.
- HP12 The integrated drug treatment system (IDTS) was well established. Half of the prisoners accessing it at the time of the inspection were on reduction and half on maintenance regimes and treatment reviews took place regularly. The clinical team was understaffed. Services were not fully integrated; although consultation about individual cases took place, the two teams rarely conducted joint reviews. Prisoners spoke well of the support they received.
- HP13 The year-to-date random mandatory drug testing rate was low. Weekend testing targets were not consistently met and the average positive rate for suspicion tests was only 20%, as staffing for this work was inconsistent. Diverted non-opiate based medication had been identified as an issue. No risk or compliance testing was done and only 5% of the population was randomly tested.

## Respect

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- HP14 Cells were shabby, in a poor state of decoration and contained graffiti but communal areas were clean and well decorated. Too many prisoners were in prison clothing. Prisoners were frustrated about delays in sending and receiving mail. Prisoner perceptions of relationships with staff were poor and the effectiveness of their personal officers varied. The overarching incentives and earned privileges scheme was good but it was applied too punitively. Diversity provision was generally poor, although some good support for prisoners with particular needs had been provided on an ad hoc basis. Prisoners had little confidence in the complaint process. Chaplaincy services were limited. Prisoners' perception of the food was poor. Primary health care services had improved and mental health services were developing. Overall outcomes for prisoners were poor against this healthy prison test.
- HP15 Prisoners' cells were shabby and in a poor state of decoration. Graffiti was particularly an issue behind toilet doors in cells. Communal areas were generally clean and well decorated. The recent disturbances had left four wings on two of the house blocks out of commission. Showers were reasonable and access to them good, other than for the young adults. Too many prisoners were in prison clothing. Young adults were

located on dedicated landings, where staffing was consistent, but their access to routines and regimes was inequitable compared with the adults.

- HP16 Prisoners expressed frustration about difficulties in keeping in touch with their family and friends. There were enough public telephones but prisoners had problems in accessing them. Staff working in the mail room were often redeployed and had insufficient access to computer terminals, causing delays for prisoners in sending and receiving mail and visiting orders.
- HP17 At the time of the inspection, a high proportion of prisoners were on the enhanced level of the IEP scheme and a low number on the basic level. Due to a lack of historical data and trend analysis, we were unable to establish whether this was typical. IEP status was reviewed through regular boards but this system was bypassed in instances of serious violence, bullying or drug use, when prisoners were immediately reduced to basic. Prisoners were usually given the opportunity to improve their behaviour before the formal board considered demotion. The basic regime was too restrictive but staff had additionally isolated some prisoners further by unlocking them separately.
- HP18 Prisoner perceptions of relationships with staff were poor. They reported unfavourably against comparator prisons about having someone they could approach and being treated with respect.<sup>1</sup> We observed staff being disrespectful and dismissive towards prisoners. There was little interaction between staff and prisoners at key times. There clearly were some good and highly motivated staff, and relationships with staff on specialist units and in work areas were markedly better.
- HP19 Personal officers were allocated to prisoners by location. Contact between personal officers and those on their caseload varied. Although more prisoners than at the time of the previous inspection knew who their personal officer was, their perceptions of the value of the scheme were poor. Some prisoners reported good relationships with their personal officers. Staff knowledge of those on their caseload varied.
- HP20 The survey results about food were very poor, and prisoners complained in particular about the quantity of food they received. We considered the quantity and quality of the food to be adequate. Breakfast packs were issued on the night before consumption, and there were no cooked breakfasts. Use of food trolleys meant that food was 'steamed' by the time it was served. Consultation arrangements concerning food were limited. Reasonable provision was made for special diets.

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<sup>1</sup> **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

- HP21 Outcomes for prisoners in regard to diversity were generally poor. There was limited strategic management of and support for diversity. A lone race and equalities manager was responsible for the delivery of all diversity strands at both Moorland and Hatfield. Issues were predominantly reacted to as they arose and the needs of some individuals with disabilities had been addressed with some success, although this was not based on any systematic identification and resolution of issues. The role of the prisoner diversity representatives was underdeveloped.
- HP22 Although nearly a quarter of the population came from black and minority ethnic backgrounds, the number of racist incident report forms submitted was consistently low. Prisoners expressed little faith in the system and there had been no enquiry into the reasons for such low submissions or consultation specifically with black and minority ethnic prisoners.
- HP23 Foreign national prisoners comprised a small proportion of the population. The race and equalities manager was also the foreign nationals coordinator. There were bimonthly surgeries with the UK Border Agency but no immigration advice service was available.
- HP24 The small chaplaincy team ensured that prisoners had the opportunity to worship in the reasonably well-equipped faith areas. Not all faiths represented in the prison had ministers and survey results about access to religious leaders and respect for religious beliefs were generally poor. Pastoral support was provided but community links were limited.
- HP25 Applications were logged but progress was not tracked and too many prisoners said that applications were not dealt with promptly or fairly. Too many complaint responses were limited and defensive and the internal quality assurance system highlighted this. Application and complaint forms were not always displayed clearly in the residential areas and on some house blocks confidential envelopes had to be requested from the office. Some, clearly confidential, complaints were returned to prisoners, saying they were not confidential matters.
- HP26 The full health service contracted for prisoners had yet to be implemented but services were improving. The induction health consultation room and house block treatment rooms did not meet infection control standards. Clinical governance arrangements were sound but the range of policies and procedures from different health providers was confusing. The range of primary care and lifelong condition clinics reflected the needs of the population. Waiting times for some clinics were too long. Prisoners received a good dental service. Primary mental health and in-reach services were adequate but there were gaps in the provision of psychological services and group therapies. Work was required to ensure that all patients waiting for NHS beds were transferred within the target times.

## Purposeful activity

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- HP27 Time out of cell had reduced and young adults had less time out of cell than the adult population. Although there were enough activity places at the time of the inspection, owing to a reduced population, not all prisoners were engaged in work or education. Vocational courses had high qualification pass rates. Learning and skills provision was generally good. The small library was well organised and well used. Access to

the gym, supervision and equipment levels were good. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

- HP28 Time out of cell performance data were aggregated for both sites, masking the particularly poor time out of cell for an unemployed prisoner at Moorland of less than three hours a day. The time spent out of cell had also reduced considerably since the previous inspection. Young adults had access to association on a rota basis only and therefore received less time out of cell than adults across the week. Out of cell activity during association was limited but in-cell association was allowed for adults and enhanced young adults. Exercise was limited during the week and prisoners did not have access to wet or cold weather clothing.
- HP29 A coherent prison structure placed all learning and skills activities under the management of the head of learning and skills, which allowed all work, training and education to be planned to meet need. However, the regime had a detrimental effect on attendance at both work and education and learners were often scheduled to attend recreational PE during the daytime. Waiting lists for some education and employment courses were too long.
- HP30 There were sufficient activity places for all prisoners to be purposefully employed at the time of the inspection. When the population had been at its normal capacity, the work available met the needs of approximately 83% of the population. Useful work skills were developed in work areas but most were unaccredited. Prisoners engaged in education received lower wages than those in work.
- HP31 Accredited employability training provided 195 full-time places, which were usually oversubscribed. Recent building work and staff shortages had resulted in some courses being suspended for long periods. Overall, vocational training courses had high qualification pass rates. Prisoners developed complex work skills and produced high standards of practical work.
- HP32 Education provision was sufficient, and 93% of places were usually filled. A wide range of courses was offered, from entry level to level 2. Overall success rates on courses were satisfactory but particularly good on social and personal development courses. The quality of the teaching and learning in the education department was generally good.
- HP33 The library was small for the normal size of the prison but was welcoming and well organised. Planned opening times met prisoner need. The library used reading champions effectively to promote reading throughout the prison and actively promoted a range of activities and the development of literacy.
- HP34 A limited range of vocational qualifications were offered in PE. Equipment levels and supervision were good. Opening times allowed at least two recreational gym sessions each week and access was equitable.

## Resettlement

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- HP35 The resettlement strategy was weak and the completed needs analysis limited. Layered offender management was well progressed and offender supervisors managed their caseloads effectively. Indeterminate-sentenced prisoners were

managed well. Resettlement services were mixed, with some excellent support for accommodation needs but unimaginative provision around contact with families. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP36 Arrangements for the strategic management of resettlement covered both Moorland and Hatfield, although Moorland had a separate resettlement strategy. This was based on a limited resettlement needs analysis, which had not been informed by offender assessment system (OASys) data or referred to in the strategy. The strategy detailed current provision under the resettlement pathways but did not give an indication of future priorities or developments. There was only a basic action plan and no separate action plans for the pathways. There was limited monitoring of the action plan at the bimonthly resettlement meetings, which covered both Moorland and Hatfield. These meetings were well attended by staff from appropriate departments and external service providers.
- HP37 Offender management and planning was completed by a team of offender supervisors comprising both probation and custody officers. All were allocated a caseload of prisoners of varying risk. Layered offender management was fully implemented and well developed. All prisoners received an assessment of their needs and were assigned an offender supervisor. OASys assessments and reviews were up to date. There was evidence of engagement with prisoners by offender supervisors and by some offender managers. Sentence plans showed appropriate interventions and referrals to resettlement services where required and evidence of sequencing of events, although some lacked in-depth targets to address all aspects of offending and other behaviour. There was good use of video-link and telephone conferencing. Formal pre-discharge arrangements were in place. Public protection arrangements were robust. The reduced number of indeterminate-sentenced prisoners was managed and supported well. Categorisation processes were up to date and those requiring access to courses were prioritised for moves. Prisoners were moved swiftly to open conditions. Release on temporary licence was not used for resettlement purposes.
- HP38 Prisoners received effective advice and guidance on housing from a full-time professional. The service was well advertised and accessible. Good support was provided by prison staff in claiming state benefits and entitlements, and a small number of prisoners had been helped to open bank accounts, but there were gaps in this service. Finance and debt issues were not addressed systematically. A preparation for work course was provided for prisoners before release, offering well-structured support using a wide range of agencies, but there was insufficient engagement with employers. There were regular pre-release health clinics and good multidisciplinary care programme approach working.
- HP39 The drug strategy was out of date but an alcohol strategy was in place. A needs analysis had been conducted recently but it lacked detail and there was a lack of focus on the needs of young adults with drug/alcohol problems. Service user consultation was poor. The counselling, assessment, referral, advice and throughcare (CARAT) team included two alcohol workers but there was a waiting list for their services. The prison addressing substance related offending (P-ASRO) programme was available but there was no alcohol offending behaviour programme and no post-programme peer support.
- HP40 Staff at the visitors centre were friendly and welcoming and an internal survey indicated that visitors were generally content with their treatment. The

'Playbus' provided a good facility for families with children before entering the establishment. The crèche in the visits hall was poorly equipped and no longer staffed. The site was difficult to reach by public transport and visitor numbers had declined over recent years, which had not been looked into. There were no family days and provision to support family ties was undeveloped.

- HP41 The Controlling Anger and Learning to Manage it (CALM) and thinking skills programme (TSP) accredited programmes were well organised, although the number of prisoners participating in them was relatively small. The absence of a comprehensive needs analysis made it unclear whether resources were being targeted to meet need.

## Main recommendations

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- HP42 Out-of-commission house blocks should be refurbished as a matter of priority.
- HP43 The security committee should thoroughly analyse statistical information provided including the reasons for any significant change to the type or quantity of security information reports submitted and trends in other relevant data.
- HP44 The dynamic between staff and prisoners should be analysed and action taken to improve staff-prisoner relationships.
- HP45 Systematic arrangements should be put in place to meet all the diverse needs of prisoners and ensure equality of treatment.
- HP46 Prisoner confidence in the application and complaints and racist incident referral systems should be improved.
- HP47 A longer working day should be provided, with fewer interruptions, so that prisoners can work more meaningful hours and complete qualifications more quickly.
- HP48 A focused strategic direction should be given to resettlement as the key role of the establishment.
- HP49 Support for prisoners to maintain contact with their family members and friends should be prioritised and better family pathway provision developed.

# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 There were good relationships between the prison and the escorting service provider. Journeys were usually short but prisoners reported negatively about the service.
- 1.2 Due to the recent disturbances at the prison, transfers in to the establishment had been suspended, so we were unable directly to inspect prisoners arriving or being discharged. Relationships between escort and reception staff were reported to be good. Staff told us that information about prisoners was shared systematically and records showed that they made appropriate use of it to inform initial risk assessments during the first night interview. The prisoner escort records we saw had been completed properly and were legible.
- 1.3 Although prisoners had usually travelled short journeys to the prison, there were notable exceptions. There were examples where young adults had transferred in from prisons in the East Midlands, so journeys were considerably longer.
- 1.4 Prisoners reported negatively about their journey to the prison. In our survey, only 46% of respondents said that the cleanliness of vans was good, 15% that the comfort of the vans was good and 60% that they were treated well by escorting staff, against the comparators of 54%, 18% and 67%, respectively.

### Recommendation

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- 1.5 The poor prisoner perceptions about their experience during transfer should be explored.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.6 Procedures to receive new prisoners had markedly improved. Prisoners spent little time in reception and nearly all procedures, including initial needs and risk assessments, were carried out on the well-equipped induction and first night unit. The unit was welcoming and properly organised to meet the needs of new arrivals. A full induction programme was delivered to all

prisoners. Appropriate information about all relevant areas of prison life was provided by competent staff and the programme started on the day after the prisoner's arrival.

## Reception

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- 1.7 Reception was open from 7.30am to 12.30pm and 1pm to 5.30pm on Monday to Friday and from 7.30am to 12.30pm on Saturday, and all new receptions were planned. Prisoners usually arrived from other prisons in Yorkshire and Humberside, usually at pre-arranged times. However, prisoners, particularly young offenders, were sometimes admitted from prisons out of the area, such as HMP Glen Parva and some of the London prisons. There were usually about 25 to 30 new receptions per week.
- 1.8 The reception building was located in a secure compound in the prison grounds, close to the main gate. Overall conditions there were good. Communal areas were bright and well decorated, and floors carpeted and clean.
- 1.9 There were four holding rooms in the main building. Two were located near the main entrance and two at the back of the building, where prisoners waited before discharge or to leave the prison under escort. The larger of the two rooms along the entrance corridor was of adequate size, clean and well decorated, although a small amount of old graffiti was found on the walls and ceilings. A hot drinks machine was located near the main booking-in desk.
- 1.10 On arrival, prisoners were taken individually from escorting vans into reception, where they were met by a trained reception officer, usually a senior officer. Identity and warrant checks were carried out, and property was checked and booked in. Prisoners were photographed and asked if they had understood before transfer what was happening to them and if they had any immediate needs. Searching procedures were carried out sensitively by two officers in one of the private searching cubicles. Following a strip-search, they were taken directly to the induction and first night unit, located on the ground floor of the health care centre. Holding rooms in reception were seldom used for arriving prisoners; we were told that this was because they were rarely in reception for more than 15 minutes.
- 1.11 Since the changes to the procedures for dealing with new prisoners had been introduced in August 2010, most reception processes, including all risk assessments, initial health care interviews and initial needs assessments, had been carried out on the induction and first night centre. Due to the suspension of transfers (see paragraph 1.2), we were unable to observe these described procedures. However, prisoners we interviewed who had been through the new measures reported a good experience. They all said that the processes had worked well, conditions were comfortable, staff had treated them with respect and their initial needs had been met.

## First night

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- 1.12 On arrival on the first night and induction unit, prisoners were greeted by induction staff and escorted to the supervised waiting room.
- 1.13 Conditions on the unit were good. Communal areas were clean and bright, and the large waiting room was comfortable and well equipped with reading material, a television and other activities to keep prisoners occupied while they waited to be interviewed. Cells were large, well prepared and clean

- 1.14 The unit had a good overall focus on prisoner safety. Prisoner orderlies saw all new arrivals to explain how to use prison systems to meet their initial needs and how to access help if they needed it.
- 1.15 We saw evidence that a vulnerability strategy effectively guided officers to address all of the prisoner's initial needs and safety issues. Prisoners' personal details were recorded and initial cell sharing risk assessments were completed by a senior officer. Designated induction unit officers also interviewed all new prisoners and carried out a comprehensive assessment of their immediate needs. A record of this assessment was entered onto a separate form. Identified needs were dealt with and initial progress in meeting them was tracked. All of these processes were carried out in private and induction officers we spoke to said that this encouraged prisoners to relax and discuss their fears or immediate problems.
- 1.16 All prisoners were offered a telephone call, a shower and written information (induction pack) that set out what they could expect from the induction process.
- 1.17 Although there was no dedicated first night accommodation, handover procedures ensured that staff coming on duty, particularly night staff, were aware of the locations of new prisoners and any special needs that they had.

## Induction

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- 1.18 Induction officers based on the unit saw prisoners individually and in groups during formal sessions on the day after their arrival, to explain and describe the content of the published induction pack. This covered relevant issues about the establishment's policies, procedures and rules. Prisoners we spoke to said that interviews had been informative, and that they had been encouraged to ask questions and given the opportunity to discuss any matters that concerned them. Individual needs were assessed again and recorded on the induction interview form.
- 1.19 Short-term needs were identified and referrals systematically made to appropriate service providers such as counselling, assessment, referral, advice and throughcare (CARAT) drug services, housing, employment and benefits advisers. Prisoners were seen, usually during the afternoons of their first three days, by relevant staff from different departments, including a chaplaincy representative, health services staff, CARAT workers and resettlement staff.
- 1.20 Following their induction, most prisoners were moved quickly from the unit to normal residential units, usually within three days. However, during the inspection, the unit was temporarily holding ordinary prisoners who had already received a full induction.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 Four wings on two of the original four house blocks were out of commission due to prisoner action taken shortly before the inspection. Prisoners' cells in the inhabited units were in a poor state of decoration. There was a large amount of graffiti, particularly behind toilet doors in cells. Communal areas were well decorated and generally clean. Shower facilities were reasonable and access to them good, other than for the young adults. Too many prisoners were dressed in prison clothing. Staffing was consistent for the young adults, who were located on dedicated landings, but their access to routines and regimes was inequitable compared with the adults. Prisoners found it difficult to use the telephones and experienced delays with the mail services.

## Accommodation and facilities

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- 2.2 Communal areas of the prison were clean and generally well decorated. A serious disturbance had left four wings on two of the four original house blocks badly damaged and out of commission (see main recommendation HP42). The cells on these wings and on the occupied units were in a poor state of decoration. There was a large amount of graffiti, predominantly on the back of the toilet doors in the double cells.
- 2.3 The cells designed to be shared were of a reasonable size and mostly had sufficient furniture. The 'small doubles' were single cells, which were too cramped for two men who shared them. Toilets in shared cells designed for one afforded little privacy. Men complained that their cells were cold because it was not possible to close the windows properly. Some flooring was badly worn.
- 2.4 The in-cell call bell system was for emergency use only and prisoners said that warnings were given for abuse of this. Call bell response times varied; prisoner perceptions were that staff were slow to respond but the automated system showed reasonable response times, and we observed staff answering bells within a few minutes. All prisoners had televisions in their cells. There was no policy covering the display of offensive material but we saw little inappropriate material and prisoners were aware of what was acceptable.
- 2.5 In our survey, fewer prisoners than at comparator prisons said that it was normally quiet enough for them to relax or sleep in their cells at night (62% versus 70%).
- 2.6 There were sufficient telephones available on all of the residential units and prisoners were able to use them whenever they were unlocked. There was no queuing system and prisoners used them on a first come, first served basis. Despite these arrangements, we received complaints from prisoners about how difficult it was to get access to the telephones because they were often busy, particularly on days when PIN telephone credit was issued. In our survey, 39% of prisoners, against the 20% comparator, said that they had problems getting access to telephones. This was reinforced by comments we received in our groups and also in comments from prisoners throughout the inspection.

- 2.7 Sixty-five per cent of prisoners said that they had difficulty in sending or receiving mail, which was considerably worse than the 38% comparator. These problems were confirmed to us when we spoke to staff working in the mail room. They told us that they were frequently taken off their mail room tasks to cover other duties and that there were too few computer terminals for them to work on. They acknowledged that this inevitably caused delays in prisoners receiving their mail. In some instances, there was a particular problem with prisoners receiving visiting orders on time, as this was something which could only be organised by using the computer.
- 2.8 An email facility was available for prisoners to use but few prisoners used it.

## Recommendations

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- 2.9 Prisoners should not share cells that are intended for single use.
- 2.10 Cells should be subject to a rolling decoration programme.
- 2.11 Damaged flooring should be replaced.
- 2.12 Prisoners should have daily access to telephones.
- 2.13 Prisoners should be able to rely on a prompt and efficient mail service.
- 2.14 Prisoners should be encouraged to make greater use of the email service.

## Housekeeping point

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- 2.15 Staff should check for, and report, graffiti as part of the daily cell fabric checks.

## Clothing and possessions

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- 2.16 Prisoners told us that the clothing they were provided with was often dirty, ill-fitting and in a poor state of repair. In our survey, fewer prisoners than at comparator prisons (50% versus 61%) said that they were offered enough clean, suitable clothes for the week, and this was worse for young adults (44% compared with 53%).
- 2.17 All prisoners were issued with freshly laundered bedding on their first night. Fewer than at comparator prisons (76% compared with 81%) said that they got clean sheets every week, which was also worse than at the time of the previous inspection (86%). Kit exchange was weekly and staff said that there were sufficient items for issue.

## Recommendations

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- 2.18 Prisoners should have ready access to clean, properly fitting, prison-issue clothing.

## Hygiene

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- 2.19 Although fewer prisoners in our survey than at comparator prisons and than at the time of the previous inspection said that they normally received cell cleaning materials each week (38%

compared with 76% and 55%), the living areas were reasonably clean. The response to this survey question was more negative for young adults (13% compared with 54%).

- 2.20 The showers had been improved and had been repainted but prisoners complained about poor access, and in our survey fewer than at comparator prisons said that they were able to shower every day (73% compared with 94%). This was worse for young adults (38% compared with 95%) and this group had more limited access to association, and therefore showers.

## Recommendation

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- 2.21 Prisoners should be able to shower daily.

## Young prisoners

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- 2.22 Young adults were co-located and had a dedicated staff group. This had not led to a particularly young people-focused approach and mostly had resulted in a more restricted regime, with fewer allowed on association than on the adult units and therefore worse access to telephones and showers. Staff on the young adult units engaged more with prisoners during association than on the adult units but were still remote. Staff were aware of potential issues around bullying and violence. Some personal officer engagement with young adults was good and issues were followed through on their behalf.
- 2.23 The physical environment was the same as for the adults, with little seating and not much space on the wings for association, leaving prisoners bored and under-occupied. Young adults had equitable access to work and education opportunities.

## Recommendations

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- 2.24 The dedicated provision for young adults should cater for the particular needs and demands of this group.
- 2.25 Young adults should have the same access to the regime as adults.

## Staff–prisoner relationships

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### Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.26 Prisoners had generally poor perceptions of relationships with staff and they reported unfavourably against comparator prisons about having someone they could approach and being treated with respect. Although there were some good and highly motivated staff, we observed some being disrespectful and dismissive towards prisoners and there was little interaction between staff and prisoners on association, while collecting food or on line route. Relationships with staff on specialist units and in work areas were markedly better.

- 2.27 Prisoners in our groups were generally negative about staff–prisoner relationships, reporting poor communication, that they were often fobbed off by staff if they asked for help and that some staff were discourteous. They said that they generally had to make applications in order to get things done.
- 2.28 In our survey, fewer than the comparator and than at the time of the previous inspection (57% compared with 74% and 73%, respectively) said that most staff treated them with respect. This perception was worse among young adults, with only 47%, compared with 64% adults, saying that they were treated with respect. Fewer than the comparator and than at the time of the previous inspection said that they had a member of staff they could turn to for support (60% compared with 74% and 67%, respectively), and, again, this was worse for young adults, with only 49%, compared with 66% of adults, responding positively to this survey question.
- 2.29 We observed generally business like and impersonal relationships between staff and prisoners. There were clearly some good relationships but during association we often observed staff standing together outside offices and only responding to prisoners when they were approached by them. At serveries and on line route, staff operated in a mainly supervisory capacity, and we saw some officers treating prisoners dismissively and failing to engage in the issues that were brought to their attention. Use of surnames only was common. Relationships in work areas and education were more constructive and we saw staff there trying to resolve problems for prisoners. Prisoners in our groups were positive about these members of staff and said that they were the people they would turn to for help.
- 2.30 Staff mostly seemed unaware of the need to act as role models or to motivate the prisoners in their care to engage with the opportunities they were offered. Despite a large percentage of the population being on the enhanced level of the incentives and earned privileges scheme, they felt that staff did not place much trust in them and that few officers encouraged or supported them.
- 2.31 A monthly prisoner council meeting was held with representatives from the wings, and there was a reasonably consistent membership. The minutes showed that, with the exception of the most recent meeting, where issues about safety and events in the prison had been mentioned, these meetings were not usually used as wider consultation or discussion groups.

## Recommendations

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- 2.32 Training and development programmes should emphasise the importance of pro-social modelling or the need for staff to model and encourage appropriate prisoner behaviour.
- 2.33 Prisoner consultation meetings should include regular discussions of relevant issues of importance, such as safety and the operation of the regime, and be used to support effective communication.
- 2.34 All staff should routinely use prisoners' titles and surnames or preferred names.

## Personal officers

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### Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.35 Contact between personal officers and those on their caseload varied. Some prisoners reported good relationships with their personal officers, while others reported no contact. Personal officers were allocated to prisoners by location and, although more prisoners than at the time of the previous inspection knew who their personal officer was, their perceptions of the value of the scheme were poor. Staff knowledge of those on their caseload varied from none at all to a detailed understanding of personal circumstances.
- 2.36 The personal officer scheme policy, dated August 2008, was a well-written document, clearly laying out the role and responsibilities of the personal officer and explaining the importance of the role in building positive relationships and promoting security. It also supported the link between personal officers and resettlement, requiring staff to know the offender assessment system (OASys) targets for their caseload and to liaise with the offender management team. Personal officers were allocated to prisoners by cell and were required to introduce themselves to newly arriving prisoners as soon as possible. A limited number of staff took their role seriously. One personal officer, recently transferred in, had met each person on his caseload and maintained a good level of contact and engagement with relevant issues for each. However, some personal officers we spoke to knew nothing about, and showed no interest in, any of the prisoners for whom they were responsible.
- 2.37 We examined 30 case notes and found personal officer entries in the majority, although some had been made several months after the prisoner had arrived at the prison. Most described some form of an introduction and, in the better entries, this was supported by a reasonably detailed description of current issues. Even in the better entries, where mention was made of an individual's motivation to undertake courses, there was no evidence of cross-referencing to sentence planning targets.
- 2.38 In our groups, most prisoners knew who their personal officer was. Although personal officers were allocated, prisoners said that the names were not updated when staff moved on and that these staff rarely introduced themselves. Some prisoners, although knowing the officer's name, did not know who he or she was. Few considered their personal officer helpful, although some reported a good and supportive relationship with their nominated officer. Opinions of personal officers varied between house blocks. In our survey, fewer than at comparator prisons but more than at the time of the previous inspection said that they had a personal officer (58% compared with 75% and 47%, respectively), and fewer than at comparator prisons and than at the time of the previous inspection said that they found them helpful (44% compared with 63% and 55%, respectively). Young adults reported more negatively about having a personal officer but prisoners with disabilities reported more positively.

## Recommendations

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- 2.39 **Personal officers should be coached in their responsibilities and supported by managers to carry these out.**
- 2.40 **All personal officers should introduce themselves and get to know the prisoners on their caseload.**



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Levels of violence were not excessive but the number of fights and assaults were disproportionately higher on the young adult units. Reporting systems were effective but the quality of investigations into alleged incidents was mixed. Most interventions for bullying were exclusively punitive, with no interventions to deal with persistent bullies. There had been no recent violence reduction survey for prisoners, and prisoner consultation about bullying and safety was underdeveloped. Although most prisoners said that they felt safe, too many reported that they had felt threatened or intimidated by staff.
- 3.2 There was an overarching violence reduction strategy, based on an ongoing analysis of the pattern of violence in the prison. Its day-to-day operation was managed by a full-time violence reduction coordinator, supported by a full-time assistant. They were directly accountable to the safer custody manager (a governor grade), who led the safer prisons committee.
- 3.3 A high priority had been given to organisational arrangements to deal with overall levels of violence. The safer prisons committee met every month to monitor the progress of the strategy, with support from key areas in the prison, such as security, residential units and psychology. Representation from senior managers, however, was inconsistent. Minutes of meetings reflected that they were appropriately focused on issues concerning the full range of violent incidents. Information provided by the violence reduction coordinator about the number, type and location of violent incidents each month was analysed to identify trends, patterns and hotspots. This had identified a consistently disproportionate involvement from young adults in all violent incidents, at about 70% of the total number.
- 3.4 The number of reported violent incidents was not high, given the size and nature of the establishment. There had been about 65 recorded violent incidents, including fights between prisoners and various assaults, between January and the end of November 2010. However, there was also a large number of suspected, alleged or potential incidents, identified by the coordinator through the interrogation of accident report forms, wing occurrence books, allegations of bullying and security information reports. During 2010, the violence reduction coordinator and his team had conducted over 400 simple investigations of alleged incidents. The quality of these investigations was mixed and, although many were thorough and addressed relevant issues, some were cursory and did not fully examine all of the issues raised.
- 3.5 There was a three-stage system, aimed at dealing with bullying through observation and sanctions through the incentives and earned privileges scheme. Prisoners were put onto stage one of the system at the first suspicion of violent or bullying behaviour. The prisoner's behaviour was monitored for a minimum of seven days by residential officers and then formally reviewed following an investigation by the coordinator or the safer custody manager. If the

behaviour was proven or continued, the prisoner, subject to the authorisation of a governor grade, would be placed on a basic regime (see section on incentives and earned privileges) or, depending on individual circumstances, could be located in the segregation unit. Stage three of the scheme was managed in the segregation unit under a basic regime.

- 3.6 There had been 79 anti-bullying documents opened for alleged perpetrators in the 11 months before the inspection, which seemed low compared with the large number of alleged incidents that had been investigated. Although the documents we inspected showed that in most cases staff were engaged in the process, the scheme nearly exclusively focused on the need for prisoner compliance through sanctions, without consideration of the underlying cause of this behaviour. There was little in place to deal with more complicated cases that resulted in persistent bullying and anti-social behaviour.
- 3.7 There had been no recent violence reduction survey for prisoners, and there was insufficient prisoner consultation on bullying and general safety to help to inform changes in the violence reduction strategy. Although most prisoners said that they generally felt safe, 18% of prisoners in our survey said that they currently felt unsafe, which was worse than the 14% comparator. Further, 28% said that they had been intimidated by other prisoners and 29% that they had been intimidated or threatened by staff, both of which were worse than comparators of 21% and 18%, respectively.

## Recommendations

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- 3.8 The establishment should establish a wider range of interventions for persistent bullies.
- 3.9 Consultation with prisoners in terms of anti-bullying and violence reduction should be improved and findings acted on.
- 3.10 A violence reduction survey for prisoners should be carried out and used to inform the violence reduction strategy. It should explore reasons for prisoners' perceptions of staff intimidation and take action accordingly.

## Housekeeping point

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- 3.11 There should be senior management representation on the safer prisons committee.

## Self-harm and suicide

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### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.12 Structures to minimise the risk of self-harm were good overall. The safer prisons committee was well constructed, and there was a comprehensive and well-promoted suicide prevention strategy. The quality of assessment, care in custody and teamwork (ACCT) forms was

generally good, with some exceptions. Case reviews took place on time and were usually well attended.

- 3.13 A comprehensive suicide prevention strategy had been published and was understood by staff and prisoners. Copies were available on all residential units, in reception and in the education department.
- 3.14 The safer prisons committee monitored the implementation of the strategy at monthly meetings. Minutes indicated that individual cases were discussed appropriately and that prisoners' needs were being met consistently. The team also used information provided by the safer custody manager to help to identify trends and patterns of behaviour in terms of the type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy.
- 3.15 Protocols were managed by a nominated suicide prevention/violence reduction coordinator, with support from the head of safer prisons and residential unit managers. In addition to his responsibilities for ensuring that procedures to manage prisoners at risk from self-harm were being properly implemented, the coordinator also acted as a centre point for advice and guidance for staff and prisoners. The role was given a high profile and was understood throughout the prison.
- 3.16 A total of 146 assessment, care in custody and teamwork (ACCT) documents had been opened from January to the end of November 2010. This was a reasonably high number, representing an increase of about 20% compared with the previous year. There had also been high levels of self-harm, at over 100 incidents in the first few months of 2010. However, three prolific self-harmers, inflicting relatively minor injuries, accounted for nearly a third of all cases.
- 3.17 Detailed support plans were prepared through consultation with the prisoner, identifying his specific needs and apportioned responsibilities to a nominated key worker. The progress of plans was reviewed at pre-determined times, in agreement with their prisoner.
- 3.18 The quality of ACCT entries was generally good. Most demonstrated an appropriate depth of understanding of the individual circumstances and feelings of prisoners and there was regular involvement from the mental health in-reach team in dealing with more complicated cases. However, some were cursory and did not demonstrate high levels of individualised care. Case reviews were regular and timely but care mapping did not always adequately address specific problems or circumstances. Attendance at reviews was inconsistent; although the prisoner was always present and there was evidence that he was involved in the process, there was erratic attendance by a range of staff who knew the prisoner (such as work or education staff) and a member of the chaplaincy team. The coordinator undertook regular management checks on the quality of entries in documents.
- 3.19 At the time of the inspection, there were 14 Listeners, providing 24-hour cover on a rota basis. The scheme was explained on induction and publicised around the prison. One of the Listeners saw prisoners as they arrived on the first night and induction unit. All of the Listeners we interviewed said that they felt supported by staff, particularly by the safer custody team, and felt that their work was valued. There was a well-equipped care suite on the first night and induction unit.

## Recommendations

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- 3.20 Regular management reviews of support plans should ensure they are of a consistently high quality.
- 3.21 Case reviews of prisoners on open assessment, care in custody and teamwork (ACCT) documents should be better attended by representatives from all departments that have regular dealings with the prisoner.

## Applications and complaints

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### Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.22 Formal responses to applications and complaints were timely. Few prisoners said that it was easy to contact the Independent Monitoring Board. Prisoners' perception of the management of applications and complaints was poor. Wing staff did not track outcomes of applications or complaints and some prisoners said that they had not received a reply. Some responses to complaints were inadequate and in some cases prisoners' use of the confidential envelope was overridden.
- 3.23 Just over 1,000 complaints had been submitted in 2010 to date. Most received a reply within three days. The most common reasons for complaints from adults were delays in receiving mail, health services and personal property. Those under the age of 21 also complained about money and the related processes.
- 3.24 A similar proportion of prisoners to the comparator said that it was easy to get a complaint form but fewer (80%) than at comparator establishments (90%) said that it was easy to get an application form.
- 3.25 Few prisoners said that it was easy to see the Independent Monitoring Board (IMB) and we found that IMB application forms were not easily accessible on every house block; for example, in house block 5 the forms were held in the main office. Applications to the IMB across both Moorland and Hatfield totalled 613 for 2008/09, 471 in 2009/10 and 119 in the year to date. The most common reasons for applying to the IMB over the previous three years had been property, sentence-related issues and transfers. The IMB had a rota of visits, with each house block being visited four times a year and some aspects (for example, catering) checked weekly.
- 3.26 In our survey, 51% of the prisoners who had made an application (against the 60% comparator) said that they were dealt with fairly. Only 41% (against the 52% comparator) said that applications were dealt with promptly.
- 3.27 Applications were logged in the wing book but there was no evidence of tracking outcomes and some prisoners said that they had completed a number of applications about the same subject before receiving a response. Application and complaint forms and envelopes were available on some house blocks at the time of the inspection but some prisoners told us that

these had been missing for some weeks before this. Forms were not always well displayed and there were no promotional posters about the complaint process, or the role and contact details of the Prisons and Probation Ombudsman.

- 3.28** Yellow complaint boxes were available on each wing. Envelopes were provided to provide confidentiality when required. In our survey, 61% of respondents said that they had made a complaint. Prisoners we spoke to said that official complaints were over-relied on, instead of resolving some issues informally.
- 3.29** The night orderly emptied each complaints box and took the complaints to the complaint clerk's office. They were reviewed by the clerk each morning and logged on the electronic system. Each complaint was sent to a named individual, with a clear timescale for a reply. Replies were copied and a confirmation form attached, for the prisoner to sign on receipt.
- 3.30** There was no complaints policy. The number of complaints dealt with within three working days was high (98%), yet prisoners complained that too many complaints went missing and were left unresolved. Only 35% in our survey (against the 40% comparator and 45% at the time of the previous inspection) said that complaints were dealt with promptly.
- 3.31** Complaints were quality assured on a 10% sampling basis each month by the deputy governor. Of 14 complaints reviewed in September 2010 from Moorland and Hatfield, six had not been answered fully and in some cases prisoners had been told that their complaint did not need to be confidential, despite it involving the behaviour of staff. Only 25% of prisoners completing our survey (against the 35% comparator and 34% at the time of the previous inspection) said that complaints were dealt with fairly.
- 3.32** A quarter of prisoners (similar to the comparator) said that they had been made or encouraged to withdraw a complaint. Twenty-six per cent (against the 31% comparator) said that they had been given information about how to make an appeal (see main recommendation HP46).

## Recommendation

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- 3.33** Replies to complaints should be comprehensive and fully address the issues.

## Housekeeping points

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- 3.34** Responses to applications should be tracked and followed up if not received.
- 3.35** Clear information, in a range of appropriate languages, about complaints and the Prisons and Probation Ombudsman should be displayed in residential areas.

## Legal rights

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### Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.36** Limited legal services were available and prisoners were informed of this during induction. The services were poorly advertised, and prisoners we spoke to did not know whom to contact if

they had a problem. Access to the legal services officer was by application. Few applications had been made in the year to date.

- 3.37 One member of staff who worked in the library provided limited legal services advice but did not have any profiled time to do this. Prisoners were told about access to legal services during their induction but the services were not advertised on the house blocks and the prisoners we spoke to could not recall whom they would contact if they needed help.
- 3.38 Prisoners had to apply to see the legal services officer, and few such applications were made. Applications were logged, including the reason, but no formal monitoring of the number or type of requests was undertaken.
- 3.39 Access to legal visits was adequate, according to 45% of prisoners responding to our survey, but only 31% said that it was easy to communicate with their solicitor, against the 51% comparator.

## Recommendation

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- 3.40 A legal services officer, with the training and time to provide an effective service should be known and accessible to prisoners.

## Housekeeping point

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- 3.41 Applications to the legal services officer should be monitored and analysed.

## Faith and religious activity

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### Expected outcomes:

**All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.**

- 3.42 Most prisoners were positive about the chaplaincy team. The large faith area was well equipped, and study and worship sessions were held throughout the week. The chaplaincy team was represented at some key meetings.
- 3.43 The most recent monitoring data showed that 44% of prisoners had no religion. Of the remainder, the main denominations were Anglican (23%), Muslim (14%), Roman Catholic (12%) and Buddhist 1%. Most prisoners were positive about the chaplaincy team. In our survey, 48% of prisoners said that their religious beliefs were respected, although fewer black and minority ethnic prisoners (39%) said this, and 54% said that they had private access to religious leaders. The duty chaplain saw all new arrivals and 47% of prisoners said that they had had access to a minister of their faith within the first 24 hours at the prison.
- 3.44 The small chaplaincy team was led by a full-time Anglican chaplain, supported by a multi-denominational team. Access to the chapel was by application and, although there was no restriction on the number of prisoners who could attend the service or classes for their declared faith, if the number exceeded a certain threshold, more supervisory staff were

brought in. Main services coincided with other weekend activities, mainly due to the reduction in time out of cell following the introduction of a shorter unlock period.

- 3.45 The large chapel was used as a multi-faith area to cater for the Muslim group, and a small adjoining area provided the facility for pre-worship ablutions. There was also an additional large multi-faith room and vestry facilities.
- 3.46 The team had the equivalent of four whole-time permanent staff and, besides the coordinating chaplain, consisted of a full-time Ecumenical chaplain, two Muslim chaplains (who made up a whole-time equivalent), a Sikh minister (who included Hindus in his service), Free Church ministers and a number of volunteers, including Jehovah's Witness and Mormon ministers. Despite the efforts of the coordinating chaplain, there had been no Buddhist minister at the prison for over three years.
- 3.47 Religious instruction classes and faith groups were held in the faith centre throughout the week. There had been a number of evening groups available but these had been suspended following the recent disturbances and had yet to be reinstated. There were regular celebrations of religious festivals, and these were well publicised around the prison.
- 3.48 All members of the team performed their statutory duties and visited all areas of the prison. It was not common practice for segregated prisoners to attend services, although we were told that there had been at least one occasion when this had happened. All segregated prisoners were seen daily by the duty chaplain.
- 3.49 There was no prison visitor scheme to cater for prisoners who did not receive visits from families and friends. Community links were limited, although a few prisoners (between six and eight) were referred each year to a community post-release support group, and a black gospel choir attended the prison quarterly.
- 3.50 Prisoners received information about the chaplaincy on induction, although there was limited information on the wings.
- 3.51 The team was represented at some key meetings, including diversity, safer prisons, health and safety, and incentives and earned privileges reviews. There was a monthly chaplaincy team meeting, which was regularly attended by members of the senior management team.

## Recommendation

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- 3.52 There should be a prison visitor scheme.

## Substance use

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### Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.53 Prisoners receiving methadone were well managed and their treatment was reviewed regularly, although clinical substance misuse and counselling, assessment, referral, advice

and throughcare (CARAT) teams did not offer a fully integrated service. Illicit drug use was low.

## Clinical management

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- 3.54** The integrated drug treatment system (IDTS) was well established and prisoners could continue methadone regimes begun at local prisons. Comprehensive clinical management protocols, individual care plans and regular treatment reviews were in place. Following nurse triage, treatment reviews were conducted by the IDTS GP, who provided four sessions per week. Prisoners were encouraged, but not pressurised, to reduce their dosage and about half were undertaking reduction regimes at any one time.
- 3.55** The clinical service was understaffed, with only two IDTS nurses in post; three vacancies included a band 7 manager. While nurses liaised with CARAT staff about individual prisoners, care plans were not shared and treatment reviews were rarely conducted jointly. However, prisoners spoke highly of the support they received from clinical and CARAT staff. They could access the full range of IDTS group work modules (which had been temporarily suspended at the time of the inspection), although these were not co-facilitated by nurses.
- 3.56** Liaison between IDTS and mental health teams with regard to prisoners experiencing both substance use and mental health problems was ad hoc. IDTS nurses did not attend mental health referral meetings and there were no dual diagnosis clinics.
- 3.57** During the inspection, only 35 prisoners were prescribed methadone and one Suboxone, compared with a combined total of 111 before the recent disturbances. IDTS had mainly run on house block 1, which was temporarily closed at the time of the inspection. Substitute opiates were now administered from the health care department, and consumption was closely supervised by CARAT/IDTS officers.
- 3.58** A designated IDTS gym (not damaged during the disturbances but also temporarily closed) and individual exercise regimes had provided prisoners who were reducing methadone with additional motivational support to work towards abstinence; facilities were to be extended owing to their popularity.
- 3.59** Any prisoner requiring secondary detoxification could access this, and appropriate protocols were in place, but this was rarely necessary. Before release, the opiate blocker, naltrexone, could be given for additional support. Good throughcare links with community services had been developed and there were no difficulties in ensuring treatment continuity on release. Each prisoner was given a safety care plan to prevent the risk of overdose before release.

## Recommendations

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- 3.60** Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should undertake joint care planning and treatment reviews.
- 3.61** A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems, and their care should be jointly coordinated by mental health, clinical substance misuse and CARAT teams.

## Good practice

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- 3.62 *A designated IDTS gym and individual exercise programmes had been developed which provided prisoners undertaking methadone reduction regimes with additional motivation and support.*

## Drug testing

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- 3.63 Only 5% of the population were tested each month under the random mandatory drug testing (MDT) programme. MDT formed part of the remit of the drug strategy, rather than the security department, and was coordinated by the drug strategy senior officer. The drug strategy manager, rather than the security department, had been tasked with developing a supply reduction action plan for both Moorland and Hatfield.
- 3.64 The reported year-to-date random MDT rate stood at 2.2%, against a target of 7%. However, weekend testing targets were not consistently met. Suspicion tests only averaged a 20% positive rate, and out of 38 risk tests conducted since April 2010, only one had been positive.
- 3.65 MDT was conducted by residential officers from house block 1 and we were told that it was difficult to ensure consistent cover. Testing facilities were satisfactory and monitoring was good, with positive results broken down by house blocks.
- 3.66 Results pointed towards cannabis and Subutex as the main drugs of use. Intelligence data also identified diverted medication, which did not register under MDT as an issue, but security and health services staff were dealing with this proactively. In our survey, 24% of respondents said that it was easy to get illegal drugs in the prison, against a 34% comparator.

## Recommendations

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- 3.67 The security department should be tasked with developing and implementing a supply reduction action plan.
- 3.68 The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of weekend and target testing.



## Section 4: Diversity

### Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 The race and equalities policy lacked any strategic direction. There was no prisoner consultation and some strands of the diversity strategy were non-existent.
- 4.2 The bimonthly race and equalities meeting was chaired by the governor. Minutes of the previous three meetings showed that there had been a poor level of attendance by senior managers and key staff before the arrival of the new governor. There was a general lack of direction in the meeting, with little strategic consideration of race or diversity issues and no evidence of any directive leadership.
- 4.3 The race and equalities action plan (REAP) was also lacking in strategic focus, with little or no attention given to addressing prisoners' diverse needs. The section for the response to the HM Inspectorate of Prisons action plan had been left blank, despite the previously accepted recommendations remaining mostly incomplete.
- 4.4 The diversity team was poorly resourced, with a developing Prison Service manager (DPSM) being solely responsible for the delivery of the strategy as race and equalities manager (REM) alongside his generic duties. He also took the role of foreign nationals officer, disability liaison officer and coordinator of the prisoner representative team. There were no staff with an active role in supporting gay and bisexual or older prisoners, or those who might present with gender issues, once again leaving the REM to manage this function in a purely reactive way.
- 4.5 There were no consultation arrangements with any diversity subgroups, although the REM made efforts to contact prisoners individually when they were referred to him by other staff or made an application to see him (see main recommendation HP45).

### Recommendations

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- 4.6 The race and equalities meeting should focus on the diverse needs of prisoners at a strategic level.
- 4.7 The diversity team should be resourced to a sufficient level to meet the needs of prisoners.
- 4.8 The race and equalities action plan should take into consideration assessment of need and provision of services for prisoners with diverse needs.
- 4.9 There should be a complete overhaul of the race and equalities strategy to take into account all strands of diversity.
- 4.10 Prisoner discussion and support forums should be introduced for all aspects of diversity, using professional interpreting where necessary.

## Race equality

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- 4.11 Responses to our survey by black and minority ethnic prisoners were largely poor in relation to victimisation, being threatened and having a member of staff they could turn to for help. The race and equalities team reviewed the monthly ethnic monitoring figures and discussed any that fell outside the ranges set but they incorporated data from Hatfield open prison. Prisoner representatives attended the race and equalities meeting but there was no record of any actions resulting from their involvement. The number of racist incident report forms was low but they demonstrated reasonable levels of investigation into most complaints and were quality assured. The process for identifying prisoners responsible for racially aggravated offences or identified as racist was inadequate. There was insufficient race/diversity training.
- 4.12 At the time of the inspection, around 25% of prisoners were from black and minority ethnic backgrounds. Responses to our survey by black and minority ethnic prisoners were largely poor in relation to victimisation and being threatened, and only 57% reported having a member of staff they could turn to for help. By contrast, 60%, compared with 45% of white prisoners, said that they were on the top level of the incentives and earned privileges scheme and 48%, against 39% of white prisoners, felt that their religious beliefs were respected.
- 4.13 The race and equalities team reviewed the monthly statistical monitoring return (Systematic Monitoring and Analysing of Race Equality Template 2; SMART2) and discussed any data that fell outside the ranges set. This system was flawed, as it also included Hatfield, and so aggregated all data from two different categories of prison. We were told that the prison had requested permission to report separately from Hatfield. The headline summary sheet included a breakdown of the prison's population by 'whole ethnic banding' but the prison had elected not to consider breakdown by either faith or nationality, resulting in a lack of analysis of access to regime activities by either nationality or faith (see recommendation 4.34).
- 4.14 The REM held a meeting with available prisoner representatives (one per wing) before the race and equalities meeting, to see if there were any issues to present to the meeting. Although prisoner representatives attended the race and equalities meeting, there was no record in any of the minutes of them taking an active part or of any actions resulting from their involvement.
- 4.15 At the time of the inspection, 4% of prisoners (17) had declared themselves as being from Gypsy or Traveller backgrounds but there were no mechanisms to identify or support prisoners presenting from this group.

### **Managing racist incidents**

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- 4.16 At the time of the inspection, only 17 racist incident report forms (RIRFs) had been submitted in the year to date, against a full-year total in 2009 of 53, indicating a drop of around 50%. There had been no investigation into the low number of RIRFs submitted or the large reduction and, although RIRFs were discussed at the race and equalities meeting, there was no regular statistical monitoring of report data to identify trends or to highlight areas of concern (see main recommendation HP45).
- 4.17 The REM reviewed each submitted RIRF and referred it for formal investigation if appropriate. There had been none referred for investigation in the year to date.

- 4.18 The sample of RIRFs that we looked at demonstrated reasonable levels of investigation into most complaints, although on at least two occasions the outcomes were unsatisfactory; these included one where a report of potential racial tension had not been communicated to the security department (see section on security and rules) and another where a prisoner had been placed on report for saying that he thought an officer was being racist. All complainants received comprehensive, courteous written replies.
- 4.19 Quality assurance of RIRFs was carried out at a quarterly meeting in conjunction with two nearby prisons and included representatives of external agencies. Prisoners were also included on the panel, where RIRFs (with identifying details removed) were considered and reported on.

### **Race equality duty**

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- 4.20 Ten race equality impact assessments had been completed under the old system; the new NOMS Equality Impact Assessment Tool (NEIAT) system was being implemented at the time of the inspection and three new areas had been identified at the race and equalities meeting: access to release on temporary licence (ROTL), access to ROTL for prisoners with mobility issues and access to complaints. The first two of these were not relevant to Moorland, as it did not release prisoners on temporary licence, and related to Hatfield prison.
- 4.21 The process for identifying prisoners responsible for racially aggravated offences or identified as racist was limited to electronic records being annotated during the reception process. There was no central register or referral system from other areas of the prison to the REM beyond analysis of RIRFs. The REM did not attend the monthly security meeting and there was no process to share information between these key departments.
- 4.22 There was some celebration of cultural events but this was limited.
- 4.23 There was limited race/diversity training and the majority of staff had not undergone any refresher training for some time. The Prison Service's 'Challenge it, Change it' training was available but few staff had attended it at the time of the inspection.

### **Recommendations**

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- 4.24 Prisoners from Gypsy and Traveller backgrounds should be identified and supported.
- 4.25 The operation of the racist incident report form system should be monitored, trends analysed and remedial action taken where necessary.
- 4.26 Impact assessments should be specific to HMP Moorland.
- 4.27 There should be a clear system to identify prisoners responsible for racially aggravated offences or identified as racist, with an updated register maintained.
- 4.28 The race equality team should be represented at the security committee and report any security-related concerns arising from their work.
- 4.29 Prisoners should be encouraged to celebrate their own culture and heritage and understand and respect that of others as part of the communal life of the prison.
- 4.30 Staff should be appropriately trained in race and diversity.

## Religion

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- 4.31 There was no monitoring of treatment of prisoners by religion and no specific policy or action plan to ensure equal access to regime activities.
- 4.32 In our survey, only 41% of respondents (against the comparator of 55% and 54% at the time of the previous inspection) reported being treated with respect in relation to their religion and beliefs, although the response from black and minority ethnic prisoners was more positive (see section on faith and religious activity). There was no specific policy or action plan relating to religion and the SMART data were not enabled to measure access to regime activities by religion. There were no religion-based focus groups (see recommendation 4.10) and no specific wing representatives for religion.

## Recommendations

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- 4.33 Prisoners' negative perceptions about being treated with respect in relation to their religion should be explored.
- 4.34 Access to regime activities should be monitored by religion.

## Foreign nationals

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- 4.35 The race and equalities manager was responsible for the management of foreign nationals. There were no focus groups and no active foreign nationals committee. The policy document was out of date.
- 4.36 The race and equalities manager was responsible for the management of foreign nationals, who comprised around 5% of the population. The offender management unit (OMU) held a database of foreign national prisoners and identified key dates in advance, to enable UK Border Agency (UKBA) meetings to be scheduled. The bimonthly surgeries with UKBA were reliant on the latter requesting to see particular prisoners or the prisoners themselves presenting with issues that resulted in an interview being arranged.
- 4.37 The policy document was outdated, with reference to the deputy governor leading the race and equalities team, an old computer system, the previous interpreting service and foreign national profile documents which no longer existed. There had been no needs analysis to inform the document and there was no corresponding action plan (either specific or as part of the REAP) or any proactive management of foreign national prisoners. There were no focus groups and no active foreign nationals committee, despite this being included in the policy document (see recommendation 4.10).
- 4.38 At the time of the inspection, none of the foreign national prisoners at the prison were being held post-sentence, with most subject to deportation, usually involving transfer to the nearby immigration removal centre or being returned to their allocating local prison.
- 4.39 We were told that there were no non-English speakers in custody at the time of the inspection and that this was usually the case. This was reflected by the relatively low requirement for the English for Speakers of Other Languages (ESOL) class that was provided in the adult learning

centre (see section on learning and skills and work activities). However, there was no system for alerting the REM of the arrival of such prisoners.

- 4.40 Interpreting services were available from a local provider and there was provision of a telephone interpreting service, although this had not been used in the year to date. A list of staff who could act as interpreters was available but this had been not been updated for 18 months, and we were told that, on the rare occasions when prisoners had needed interpreting assistance, other prisoners had interpreted on their behalf where appropriate.

## Recommendations

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- 4.41 A needs analysis of foreign national prisoners should be conducted annually and the policy document should be updated to include its findings and to outline the strategy.
- 4.42 There should be a record of the needs of all prisoners who cannot speak English and of how their needs are being met.

## Housekeeping point

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- 4.43 The list of staff and prisoners who can provide interpreting services should be kept current.

## Disability and older prisoners

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4.44 The race and equalities manager carried out the role of liaison officer for older prisoners and those with disabilities. There were no measures for the identification and support of older prisoners, and no care planning for older prisoners or those with declared disabilities.

4.45 Access to almost all areas of the prison, including reception, was via steps/stairs. We were told that one of the allocation criteria for the prison was that prisoners should not have any mobility issues. There had been no attempt to make the prison more accessible to prisoners with disabilities, although there was a stair lift and wheelchair access lift into the administration area.

4.46 In our survey, 12% (54) prisoners declared themselves to have a disability. There was no specific disabilities committee and no focus groups had been held to identify and discuss the needs of such prisoners (see recommendation 4.10). Prisoners with disabilities were identified by health services staff during the initial reception health assessment and were added to a database. Prisoners referred by the health care department to the REM (who carried out the role of liaison officer for older prisoners and those with disabilities) were interviewed and, where possible/practicable, reasonable adjustments were made, although there were no multidisciplinary care plans formulated. We saw evidence of some effective support for blind and profoundly deaf prisoners, who had been well cared for at the establishment for some time.

4.47 No prisoners required personal emergency evacuation plans (PEEPS) at the time of the inspection but we were satisfied that these were implemented where necessary.

4.48 There were only 10 prisoners over the age of 50 (defined as older prisoners) at the time of the inspection, although there was no mechanism to identify such prisoners. No prisoners were over 65. A support officer was identified but she had received no training and had not carried

out any duties in relation to older prisoners. We were told that staff time had been profiled to the task but that this had been withdrawn before the implementation of the most recent staff profiles. Consequently, there was no ongoing assessment of need, or care or support plans drawn up for older prisoners.

- 4.49 There had been an over-35s gym session which included provision for older prisoners but this too had been withdrawn at the introduction of the new staff profile.

## Recommendations

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- 4.50 All prisoners with disabilities should be able to access a full regime.
- 4.51 All older prisoners and those with disabilities should be assessed to establish the requirements for individual care plans, which should be regularly updated.
- 4.52 Plans and policies should be put in place to identify and meet the needs of older prisoners when required.

## Housekeeping points

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- 4.53 The older prisoners' support officer should maintain a current record of all older prisoners and their location.
- 4.54 The older prisoners' support officer should be given appropriate training.

## Gender and sexual orientation

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- 4.55 Sexual orientation was not identified in the equalities policy and staff awareness of the needs of gay, bisexual or transgender prisoners was limited.
- 4.56 Provision of support for gay or bisexual prisoners was virtually non-existent, and there was no gay awareness information on any of the wings, despite 3% (13) of prisoners in our survey declaring themselves to be gay or bisexual. Our previous report (2007) referred to plans to provide support for gay and/or bisexual prisoners but this had yet to be introduced. The equalities policy gave a long list of gender definitions but did not include how prisoners presenting with gender issues would be supported.
- 4.57 Staff tended to have a homophobic attitude toward any prisoner who had openly admitted that he was gay; on discussing a gay prisoner with staff, we were told 'he's got it written all over his forehead'. One prisoner we spoke to told us that he was located on the enhanced wing 'because he was gay and wouldn't survive anywhere else'. He was visited by, and offered support from, another gay prisoner, who was covertly brought onto the wing to see him, to deal with any concerns he might have. This secretive approach reinforced the homophobic culture of the prison and did nothing to address the issue, which often resulted in verbal abuse for gay or bisexual prisoners at other activities, including during domestic visits.

## Recommendation

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- 4.58 There should be a clear policy for the management of prisoners presenting with gay, bisexual and gender (including transgender) issues, and this should be publicised on residential units.



## Section 5: Health services

### Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

5.1 The full range of contracted health services was not yet available. The health centre environment was modern but the reception and house block treatment rooms were outdated in appearance and failed to meet expected infection control standards. The new waiting area had some innovative design features. Clinical governance arrangements were sound. The range of primary care and lifelong condition clinics reflected the needs of the population and prisoners generally received good pharmacy and dentistry services. There were gaps in psychological services and group therapies.

### General

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- 5.2 Doncaster Primary Care Trust (the PCT) commissioned health care services and Nottinghamshire Healthcare NHS Trust (Notts NHS) provided them. Notts NHS had become the provider of all health care services in August 2010 and some elements of the services were not yet in place. There were minuted prison health partnership board meetings, which were well attended. Relationships between the prison, commissioner and provider were good. The Department of Health prison health quality and performance indicators were used as part of the prison health development plan, and the plan was underpinned by extensive general health and primary care mental health needs analyses.
- 5.3 The health centre was generously proportioned, in a good state of decoration and well equipped. There were several consultation and treatment rooms and they had recently been modernised. At the time of the inspection, the waiting area was being refurbished using a King's Fund grant, and the project contained some innovative design features, although the room temperature was cold when the access door between the main corridor and the prison was open. There were health consultation rooms in reception, induction and on each of the five house blocks, although two house blocks were not in use at the time of the inspection. All facilities were regularly cleaned. There was a plan to refurbish all of the consultation rooms, apart from the one in reception, as they were outdated in appearance and failed to meet expected infection control standards, with the flooring, some sinks and work surfaces being non-compliant.
- 5.4 We observed professional interactions between prisoners and staff members. The health centre matron/manager was responsible for the care of older prisoners. There was a detailed policy and procedure for the management of services for older people, derived from the Department of Health National Service Framework for older people.
- 5.5 At reception and during induction, prisoners were given information about how to access health services. The information was available in languages other than English on request.

## Recommendation

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- 5.6 The reception and house block health consultation rooms should be refurbished to be compliant with infection control standards.

## Good practice

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- 5.7 *The policy and procedure for the management of services for older people had been derived from the Department of Health National Service Framework for older people.*

## Clinical governance

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- 5.8 There were regular clinical governance meetings for Moorland and Hatfield prisons combined. Notts NHS practices in disseminating information from the governance group had been adopted and systems had been introduced to generalise learning from serious and untoward incidents, deaths in custody and other events.
- 5.9 A revised staffing model was being introduced at the time of the inspection. It had sufficient clinical and support staff to supply the contracted services. The model was designed to underpin a community care approach and to free up mental health nurses to improve primary care mental health services. The process of filling several vacancies was under way.
- 5.10 Nurses were in the process of arranging individual clinical supervision meetings and several commented that they had benefited from peer group supervision during weekly and ad hoc staff meetings. Staff also mentioned their disappointment about the withdrawal of training earlier in 2010. They were now offered training opportunities from the Notts NHS training department brochure, and the management plan for training included the development of nursing staff to offer more complex care and treatment once recruitment to vacancies had been completed.
- 5.11 Resuscitation equipment was available in the health centre and in each of the house blocks and was regularly checked. Each of the resuscitation bags contained a dedicated emergency anaphylaxis pack. Automatic external defibrillation (AED) equipment was available in the health centre. Several extra AED devices were awaiting distribution to the house blocks once uniformed officers had completed the ongoing training in how to use them. Not all registered nurses were up to date with resuscitation training, although there was a plan to rectify this situation.
- 5.12 The electronic clinical record system, SystemOne, was accessible in all health care facilities. Archived (paper) clinical records were appropriately stored. The health care centre had recently become subject to the Notts NHS Forensic Division clinical audit schedule, which was about to be implemented. Several clinical audits had been completed in 2010.
- 5.13 Regular meetings of the prisoner health forum had lapsed in the previous year, although there were meetings with prisoner house block representatives and a plan to reintroduce the forum. The service was in transition from using the established complaints system to adopting the Notts NHS patient advice and liaison service system. On average, there were 11 complaints per month and they received prompt and reasoned responses. The responses were hand-written and could be difficult to follow for complainants with reading difficulties.

- 5.14 There were Notts NHS policies and guidance on the control of communicable diseases and annual infection control audits. Health services were party to an information-sharing procedure and protocol for Nottinghamshire health and social care agencies.

## Recommendations

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- 5.15 All registered nurses should receive training in resuscitation at least annually.
- 5.16 There should be a patient forum that is representative of the prison population.

## Housekeeping point

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- 5.17 Written responses to complaints should be written legibly or typed.

## Good practice

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- 5.18 *'Learning the Lessons in Offender Health' had been introduced to generalise learning from serious and untoward incidents, deaths in custody and other events.*

## Primary care

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- 5.19 Although, in our survey, fewer prisoners than at comparator establishments rated the overall quality of health services as good or very good (35% versus 47%), few adverse comments about health care were made in our prisoner focus groups. More prisoners under than over the age of 21 commented favourably on the overall quality (37% versus 33%).
- 5.20 At reception, prisoners received an enhanced initial health screening. Prisoners brought with them their medical records from the feeder prisons. Full secondary assessment followed reception, if required. Prisoners with ongoing medical needs were seen by a GP on the first night or were scheduled to attend appropriate clinics following reception. All new prisoners were seen by the house block nurses within two days of arrival. Health services were available from 7.15am to 9pm each day and out-of-hours cover was provided by a local GP practice.
- 5.21 Health promotion materials were on display throughout the prison and there were plans to follow the Notts NHS calendar of health promotion events in 2011. The health focus group had recently been reconvened and there was a good profile for hepatitis B and influenza vaccination programmes. Sixty per cent of the prison population was under the age of 25 years and so the availability of Chlamydia screening and meningitis vaccination was promoted. Barrier protection was not available.
- 5.22 There was a published timetable of regular primary care, lifelong condition and specialist clinics. These included asthma, diabetes, heart disease, physiotherapy, podiatry, optometry, sexual health and smoking cessation. The waiting time to see the physiotherapist was too long, at 15 weeks. Clinics were led by nurses, GPs or allied health professionals. In our survey, fewer prisoners than at comparator prisons said that it was easy to see a doctor (32% against 41%), although GP appointments were available within 24 hours, following nurse triage. Serco triage algorithms were available to nursing staff but not all staff had been trained in how to use them. There were clinical procedures and guidance materials from several other authorities in addition to Serco, including Doncaster PCT and Notts NHS, which could lead to confusion.

- 5.23 Prisoners could complete a written application for a health appointment, which would be collected by the house block nurse from a dedicated postbox. The nurse would arrange suitable appointments using SystmOne. We tested the system and it worked efficiently, although prisoners complained that they were sometimes unaware of appointment times until the morning of the appointment day. Alternatively, prisoners could present themselves at the house block consultation room in the morning to see the nurse. Failure to attend rates had been driven down in the previous year and those prisoners failing to attend were contacted to ascertain why. Prisoners complained that they could not see a doctor alone, as a nurse was always present.

## Recommendations

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- 5.24 Barrier protection should be freely available to all prisoners.
- 5.25 Waiting times to see a physiotherapist should be reduced.
- 5.26 Staff should be trained in the use of triage algorithms.
- 5.27 Prisoners should be able to see a doctor in private, subject to risk assessment.

## Housekeeping point

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- 5.28 Clinical procedure and guidance materials should be rationalised to avoid confusion.

## Pharmacy

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- 5.29 There was a pharmacy room in the health centre. It was in good order, clean and tidy. There were appropriate standard operating procedures and policy documents in place. A pharmacist visited the prison one day each week to oversee the service and a technician had been recruited and was waiting for security clearance.
- 5.30 A manual measuring pump was used to administer methadone. The pump was regularly cleaned and calibrated but the running balance of methadone mixture was recording a small underusage, which raised concern about the accuracy of the pump.
- 5.31 Medicines were supplied from the health consultation rooms on the house blocks four times a day, via gated doorways. The queue of patients was managed by a prison officer to provide reasonable opportunity for confidential conversations. Heat-sensitive products were stored appropriately and storage temperatures were effectively monitored and regulated. Medications were given in-possession or administered by nurses. Most prisoners were given medication in-possession but were not provided with lockers in their shared cells to allow safe storage. Nurses administered medications from general stock but there was no audit of the use of general stock or its movement within the prison. Nurses reordered stock items from the supplier. We noted that tramadol (a potent analgesic) had been administered to one patient for 31 days, against a prescription for 28 days; this was because there had been a failure to order the repeat prescription in time. A limited number of medicines was available to supply as special sick. There were no patient group directions, so only medication which could be bought in general stores could be supplied. There was appropriate provision of medication for patients being discharged or transferred.

- 5.32 A medicines and therapeutics committee met regularly. A formulary was in place and adhered to. Aggregated prescribing data were not routinely available to the committee. Large quantities of tramadol and pregabalin (a neuropathic pain analgesic) were prescribed. The potential for abuse had been recognised and there were plans to utilise the expertise of a local pain clinic to review the prescribing.
- 5.33 Prescriptions were faxed to the pharmacy for dispensing and the dispensed medicines were normally received later the same day. There was no system to audit the faxed prescriptions against the original prescriptions held at the prison. Medicine stocks were checked weekly by nursing staff and were found to be generally in order, although there were a number of loose blister strips present in the general stock.

## Recommendations

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- 5.34 Lockable cupboards should be provided in cells for patients who receive in-possession medication.
- 5.35 Use of general stock should be audited, so that stock supplied can be reconciled against prescriptions and agreed stock levels.
- 5.36 There should be a review of procedures for ordering repeat prescriptions for patients who receive medicine by administration, in order to avoid the need to make unauthorised supplies beyond the term of prescriptions.
- 5.37 The medicines and therapeutics committee should review the special sick policy, to ensure that all appropriate medicines can be supplied.
- 5.38 Patient group directions should be produced, to allow the supply of more potent medicines by the nursing staff, where appropriate.
- 5.39 A step-wise approach to pain management, such as the World Health Organization, should be used reduce opiate usage.
- 5.40 The fax system for ordering reordering medications should be subject to audit.

## Housekeeping points

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- 5.41 Use of the measuring pump should be closely monitored to ensure accurate measurement of methadone mixture.
- 5.42 Prescribing data should be collated and used to demonstrate value for money, and to promote effective medicines management.
- 5.43 All prescriptions issued should be faxed through to the pharmacy, including those which do not need to be dispensed, so that the pharmacy can maintain full and accurate patient medication records.
- 5.44 Loose tablets and tablet foils should not be present in stock.

## Dentistry

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- 5.45 The dental surgery was sited on the first floor of the health care block. The equipment was old but worked satisfactorily. Cross-infection controls appeared satisfactory and the PCT had recently carried out a cross-infection control audit, although this was not available at the time of the inspection. The X-ray machine was stored in close proximity to a sink.
- 5.46 The dental contract was for five sessions a week. There were two dentists and one registered dental nurse. The dental team had not undertaken any resuscitation training within the health care department. A protocol was in place to deal with out-of-hours dental emergencies.
- 5.47 Dental records were kept partially on paper and partially on SystemOne. Together, they provided a comprehensive record but individually they did not. The paper records were appropriately stored.
- 5.48 Applications to see the dentist and were placed on the waiting list by health services staff, with no dental triage protocol available to assist the process. The average waiting time for a first appointment was six working days, with a maximum of eight weeks for a follow-up appointment. Few prisoners failed to attend for appointments. The standard and range of dental checks and treatment available were at least comparable with those in the NHS. Oral health information was provided on a one-to-one basis by the dentist.

## Recommendations

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- 5.49 The dental team should be included in the health care department resuscitation training.
- 5.50 Applications to see the dentist should be triaged, preferably by dental staff, before being placed on the waiting list.

## Housekeeping points

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- 5.51 The X-ray machine should be stored away from the sink.
- 5.52 Comprehensive clinical records should be kept on SystemOne.

## Secondary care

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- 5.53 Prisoners had good access to secondary care appointments and were medically held, if necessary, to complete programmes of treatment. Few appointments were cancelled for security reasons.

## Mental health

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- 5.54 Primary and secondary mental health services were provided by Notts NHS. There were plans to integrate the primary care mental health nursing team and mental health in-reach teams following recruitment to full staffing in the health care department, and to develop the service further in line with the recommendations of the primary mental health needs analysis. We were

told that training in mental health awareness was available for uniformed officers, although we were not provided with evidence that this had been delivered.

- 5.55 Individual support for prisoners with emotional and mild-to-moderate mental health problems was available from the primary mental health team, chaplaincy (which offered bereavement and loss counselling), MIND and Shelter. This included regular individual support and assistance with self-help activities. In our survey, more prisoners than at comparator establishments said that their mental health issues were being addressed: by a doctor (45% versus 32%), a psychiatrist (26% versus 17%) and a counsellor (17% versus 10%).
- 5.56 Improving access to psychological therapies (IAPT) services formed part of the new contract but had not yet started. A need for group support and therapeutic activities had been identified but no therapeutic groups were available to prisoners at the time of the inspection.
- 5.57 The staffing model included six mental health nurses and psychology and psychiatric inputs on a sessional basis. A psychologist had not yet been recruited. The mental health in-reach team comprised two community psychiatric nurses, who had a caseload of 40 active clients with serious and enduring mental disorders. There was an open referral system. Referral meetings were held twice weekly and were attended by primary care and chaplaincy representatives and the prison lead for safer custody. The team assisted with ACCT reviews and referred prisoners with complex needs for consultation with the visiting forensic psychiatrist.
- 5.58 The in-reach team arranged for prisoners who might benefit from NHS facilities to be assessed, and transferred if necessary. Transfers were usually completed within 14 to 28 days but prisoners could wait longer for high secure or specialist medium secure beds to become available.

## Recommendations

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- 5.59 Uniformed staff should have the training to recognise and take appropriate action when a prisoner may have mental health problems.
- 5.60 Group therapies should be available to prisoners who need support for emotional and mental health problems.
- 5.61 Prisoners should be transferred expeditiously to secondary and tertiary care as clinically indicated.



# Section 6: Activities

## Learning and skills and work activities

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### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.1 Learning and skills activities were well managed and there was good partnership working between the different prison functions. Quality improvement processes were effective but there was insufficient observation of teaching and learning in vocational training. Activity places fully met the demands of the current reduced population. Rates of pay were lower for attendance at education than at work and acted as a disincentive. Work activities developed good skills but these were not accredited or recorded. Vocational courses were well managed and achievements were high. Waiting lists were too long, caused by inefficiencies in the regime and by prisoners leaving education, work and training to attend recreational PE. In education, courses were well planned and managed. When the prison had its full complement of prisoners, learning support practitioners provided literacy, numeracy and computer training on the house blocks, in workshops and in the segregation unit. Learners developed good skills and outcomes were generally good. Library provision, although small for the size of the population, met prisoners' needs satisfactorily.

## Leadership and management

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- 6.2 The head of learning and skills managed all learning and skills and regime activities and resettlement, providing a coherent approach to planning all work, training and education.
- 6.3 The prison and The Manchester College worked well together to improve provision. The curriculum was well planned and managed. Partnership working with other prisons was helping to develop provision. The management of awarding body verification visits was done centrally for all areas and was well organised. There was good coordination of computing provision across the prison and shared staff training, reducing the duplication of effort and saving cost. Education and training and library staff, education orderlies and peer mentors had recently participated in accredited safeguarding training, which had raised their awareness.
- 6.4 Quality improvement processes were good overall. The self-assessment process was well embedded and the report reflected most of the strengths and areas for improvement. Internal verification processes were robust and well managed. The quality improvement group meetings were well attended and dealt effectively with operational issues affecting the quality of provision. Agendas for meetings were not standardised and the group had not addressed weaknesses in the regime that were detrimental to attendance at education, training and work. Data systems had improved but the information collected was not used sufficiently well to set quality improvement targets, and prisoners' views were not systematically sought to inform improvements to provision.

- 6.5 The observation of teaching and learning was well developed. However, in workshops where accredited training was offered, this was not quality assured and best practice was not identified and shared or poor performance identified and improved.

## Recommendations

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- 6.6 Lesson observations and evaluation feedback processes in accredited training should be carried out to allow for trend analysis and ongoing quality improvement.
- 6.7 Quality improvement group meetings should focus on learner outcomes, in addition to operational issues affecting attendance, using data to set numerical improvement targets that are regularly reviewed.
- 6.8 Prisoners should be systematically surveyed for their views, to inform curriculum planning and improvement.

## Induction

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- 6.9 Working Links provided the careers information and advice service (CIAS). Group and individual interviews were carried out during induction by CIAS workers, to review prisoners' training, skills and work history and to establish new objectives for training and work. Prisoners received satisfactory information on the courses and activities available to them. At the time of the inspection, the prison was not receiving new prisoners, so no inductions were taking place.

## Work

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- 6.10 There was sufficient purposeful work for all current prisoners to be purposefully employed. Before the reduction in the number of prisoners on roll, the amount of purposeful work had met the needs of approximately 83% of the population. Work comprised jobs in cleaning, the stores, recycling, contract repair, the kitchen, the gardens, vocational training workshops and education courses. Useful work skills were developed in work areas but most did not result in any recognised qualifications.
- 6.11 The allocation of work was effective and took account of sentence plan requirements, where they existed. However, there were long waiting lists for some courses and work areas, and it often took a long time to gain access to some courses. Prisoners received a satisfactory induction into their work activity. Those engaged in learning and skills received lower wages than those in other work areas, acting as a disincentive for prisoners to undertake courses.

## Recommendations

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- 6.12 Work skills developed through activities should be accredited.
- 6.13 The long waiting lists for some courses and work placements should be reduced.
- 6.14 The pay structure should be improved, to ensure that those on learning and skills courses are not on less pay than those in work activities.

## Vocational training

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- 6.15 Accredited employability training provided 195 full-time places. During the inspection, only 80 places were being utilised because of the reduction in the number of prisoners. The Manchester College was responsible for delivering nationally recognised qualifications in brickwork, joinery, painting and decorating, catering, computing and horticulture, and subcontracted the brickwork, painting and decorating, and joinery courses to East Riding College. Other prison-funded and -operated courses in industrial cleaning, computing and PE also led to qualifications. Recent building work and staff shortages had resulted in some courses being suspended for long periods. Partnership working between the prison and the two colleges was effective. Courses were generally well planned and satisfactorily managed. Teaching, training and assessment were satisfactory.
- 6.16 Overall, vocational training courses had high qualification achievement rates. Prisoners developed complex work skills and produced high standards of practical work. Attendance was satisfactory but the working day was too short and punctuality was often poor due to inefficient operational issues, such as not getting prisoners to courses on time and twice-daily labour roll checks. Prisoners often left training courses to attend scheduled recreational PE. These interruptions and delays extended the time taken to complete courses (see main recommendation HP47).

## Recommendations

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- 6.17 The number and range of accredited vocational courses should be increased.
- 6.18 The PE timetable should be rescheduled, so that prisoners attending education, training or work activities do not have to attend for recreational PE during the core working day.

## Education

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- 6.19 Education was provided by The Manchester College under an offender learning and skills service (OLASS) contract. The provision was well managed. All teachers had a certificate in education or similar qualification, and all were appropriately qualified in their specialist area, many at degree level. Processes to observe the quality of teaching and learning were thorough and each observation resulted in an appropriately detailed action plan for the tutor. Data on learner outcomes were collected regularly but some had not been checked thoroughly and were inaccurate.
- 6.20 At the time of the inspection, there were 59 full-time-equivalent places, of which 76% were filled. Before the disturbances, there had been 136 full-time-equivalent places, of which 93% had been filled. In our survey, however, only 22% of prisoners said that they were involved in education, against the 31% comparator. By contrast, 29% of those under the age of 21 said that they were involved in education, which was higher than the comparator for this age group (17%). Most prisoners attended education full time, with a few working and attending education part time. With just 10 classrooms, there was insufficient accommodation for education for the usual prison population. To extend provision, a team of learning support practitioners taught numeracy and literacy in other locations, including in workshops and, before the recent disturbances, the segregation unit and on house blocks. They also provided information and communications technology (ICT) courses in the workshops. During 2009/10, 408 prisoners had participated in the numeracy and literacy course and 380 in ICT. The planned new

education building would provide additional classroom accommodation. Education staff provided support for learners taking Open University and other distance learning courses.

- 6.21 The curriculum was well planned and managed effectively through partnership working between the prison and education provider. The range of personal development courses offered was good. These included victim awareness, diversity, substance misuse, alcohol awareness, workplace bullying and harassment, and employability skills. A wide range of art courses was also offered. There was an appropriate range of courses in numeracy and literacy, with clear progression paths from entry level to level 2. There were few prisoners with English for Speakers of Other Languages (ESOL) needs and these were dealt with on an individual basis.
- 6.22 The quality of the teaching and learning was generally good. Lessons were well planned and managed. Tutors were enthusiastic and made the lessons interesting and, in many cases, fun, and there was good use of information learning technology. Punctuality was satisfactory. However, learning was frequently interrupted for visits to recreational PE, which disrupted teaching sessions and slowed prisoners' progress (see recommendation 6.18).
- 6.23 At 73%, the overall achievement rate for literacy and numeracy courses was satisfactory. However, individual course achievement rates varied, being low (61%) in literacy at levels 1 and 2, and high (over 80%) in numeracy at levels 1 and 2. In ICT, achievement rates were high, at 91%. Achievement rates for personal and social development courses were very high, at 99%, although most were one-week courses.
- 6.24 In personal and social development programmes, discussions on potentially contentious issues, such as cultural differences and the reasons for people becoming involved in crime, were well managed. Prisoners' views were challenged and they were required to justify the position they took. In art, prisoners' work was of a high standard. The standard of behaviour was good and prisoners were keen to learn and worked hard.
- 6.25 Individual learning plans (ILPs) were not always used effectively to record prisoners' individual learning objectives. Each learner had a separate ILP for every subject taken but these were not linked into an overall plan. Similarly, while tutors were aware of non-accredited learning goals for learners, such as improved teamwork or improved confidence, these improvements were not formally recognised or achievements recorded. The associated learner diary was too often used only to record what the learner felt about a lesson and not what they had learnt.

## Recommendations

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- 6.26 It should be ensured that the available data on learner outcomes is accurate and accessible to staff.
- 6.27 The use of individual learning plans should be improved, to record individual learning targets more effectively.
- 6.28 The use of learner diaries should be improved, to record what has been learnt rather than what the prisoner feels about a lesson.

## Library

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- 6.29 Doncaster Metropolitan Borough Council provided the library service. The library was well managed by a full-time library manager, who shared her time between the establishment, HMP

Hatfield and HMP Lindholme. It was staffed by two library assistants, a prison officer and two orderlies, all of whom had been appropriately trained. The library was located centrally, next to the education department. It was small for the size of the prison but was welcoming and well organised. A new, larger library was due to be opened in the following year. Around 70% of prisoners were library members and, of those, 87% were active members. However, in our survey, only 32% of prisoners said that they visited the library each week, which was lower than the average for this type of prison. The library monitored the number of books issued every month, which was satisfactory, at around 1,500.

- 6.30 There was a stock of 11,000 books and an appropriate range of fiction and non-fiction, easy readers, large print and audio books. Reference sources included legal materials and up-to-date Prison Service Orders. An appropriate range of foreign language books and dictionaries reflected the foreign national prisoner population at the prison. Library staff were responsive to the needs of individual prisoners and quickly acquired books and reference materials for prisoners when needed. The small range of newspapers was well used. Results from an annual questionnaire informed planning.
- 6.31 Planned opening hours were every morning and afternoon, seven days a week, and in the evening on Monday to Thursday. Prisoners had access for at least 30 minutes each week. The library was well promoted through posters on the house blocks and in the education department. There was a close working relationship between the library and the education department to inform book purchases. A joint education and library newsletter was published periodically. Library staff ran additional activities, including a book club, Storybook Dads and the Toe by Toe reading scheme. Reading champions were used effectively to promote reading throughout the prison.

## Physical education and health promotion

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Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.32 Recreational PE was available to prisoners in the daytime, evening and at weekends. PE equipment and accommodation were of good quality and the facilities were sufficient to meet the needs of the population. A new accommodation block was being built on part of the PE department's all-weather sports area but a sports field was available for general use, if the weather permitted. A range of indoor PE activities was also available. Prisoners on all wings had the opportunity to attend recreational PE at least twice a week.
- 6.33 All prisoners received a general introduction to the gym during their induction, detailing the range of courses and programmes available and when they could attend. The opening hours and available activities of the gym were well advertised around the prison.
- 6.34 Prisoners were required to complete a health questionnaire to ensure that exercise was safe and appropriate for them. Any prisoners with identified health issues were referred to the health care department for a medical assessment before taking part in gym activities. Inductions to the gym took place on three days each week.

- 6.35 Recreational PE and personal fitness were clear objectives for prisoners, especially those for whom the need had been identified as part of sentence planning. Prisoners on all wings had the opportunity to attend recreational PE at least twice a week. Officers released alternate landings in the house blocks that were scheduled for evening PE sessions, to ensure fair allocation. Rehabilitative PE and medical referrals were offered on weekdays, and healthy living courses were available. The range of vocational qualifications offered was limited, due to recent staffing issues. At the time of the inspection, these issues had been resolved and a suitable programme of vocational courses was planned to start shortly. Achievement and attendance rates for the vocational courses currently offered were good.
- 6.36 PE equipment levels and supervision were good. The facility was open from 8.45am until 4.30pm and 5.30pm until 7pm on Monday to Thursday, and from 8.45am until 4.30pm on Fridays. Weekend opening times were from 9am to 4.30pm on both days. There were sufficient PE facilities for the needs of the prison population, although access to some PE activities was restricted, leading to waiting lists. A new accommodation block was being built on part of the PE department's all-weather activities area, and this was expected to be out of action for the next 12 months. A football pitch was available for outside activities, depending on suitable weather and surface conditions. Inside PE activities included weight-lifting, spinning, cardiovascular exercise and team games, such as football, volleyball, basketball and cricket. Additional PE facilities were available to prisoners on a wing used by methadone drug users. However, the facility was not used. Shower and toilet facilities were available in the main gym and used by prisoners. However, there were insufficient toilets for the number of prisoners using them and showers and changing facilities had no modesty screens.
- 6.37 Appropriate records were kept of accidents and incidents. There were links with the local community, with a team in the volleyball league coming into the prison. Local football league community links had stopped as a result of the all-weather sports area no longer being available.
- 6.38 The quality of PE courses was good. However, no observation of lessons was carried out to assess and improve their quality. Evaluation feedback from prisoners was systematically collected and analysed but the information was not numerically stored and analysed for quality improvement and trend analysis purposes.

## Recommendations

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- 6.39 The number of industry-recognised vocational training courses should be increased.
- 6.40 A suitable all-weather outdoor PE activities area should be provided.
- 6.41 The existing wing-based PE facilities should be fully utilised.
- 6.42 Additional toilet facilities and modesty screens should be provided for the shower and changing areas.
- 6.43 PE lessons should be quality assured regularly to ensure that teaching practice is to a good standard.

## Time out of cell

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### Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

6.44 Core day hours were not well advertised and could only provide 8.25 hours out of cell per weekday. Unemployed prisoners spent too long locked in their cells. Hours out of cell were not separately reported for Moorland and Hatfield. There was considerable regime slippage, with young offenders getting considerably less association time per week. Out of cell activity during association was limited, particularly since the removal of pool tables.

6.45 The core day for each house block was similar. Timetables were not published on every wing. In our survey, only 3% of respondents, against the comparator of 15% and 7% at the time of the previous inspection, said that they spent 10 hours or more out of their cell on a weekday. The prison had a key performance target of 7.8 hours out of cell on a weekday. The printed schedule for the core day could provide 8.25 hours, considerably less than our expectation of 10 hours. Aggregated data used to inform the management team were slightly above what we observed during the inspection. Unemployed prisoners spent too long locked in cells, with some having only two and a half hours out of cell on a weekday. The performance reporting system produced one performance report, combining time out of cell for Moorland and Hatfield, making it difficult for the performance manager to monitor regime slippage for Moorland.

6.46 There was considerable regime slippage. Prisoners were unlocked at 8.40am, 25 minutes later than the unlock time in 2008. Association ended an hour and 15 minutes earlier than in 2008. This meant that the core day had been shortened by a total of one hour and 40 minutes since 2008. The only rationale for this was staff shortages, making it difficult to provide adequate supervision when prisoners were out of their cell. Young adults on house block 3 only had access to association on a rota basis and as a result received less in total. Prisoners on one wing in house block 5 had 30 minutes less association time each night because they had to wait until the other wing had been served dinner. Association was not provided on Friday, Saturday or Sunday nights.

6.47 In our survey, 65% of prisoners (worse than the 76% comparator but comparable to the figure at the time of the previous inspection) said that they had association more than five times a week. This figure was considerably lower for those aged under 21, with only 31% saying that they had association more than five times a week.

6.48 Exercise was scheduled to take place for 50 minutes on Monday to Friday and for an hour on Saturday and Sunday. However, this was too often cancelled in bad weather, including the five days before the inspection, owing to extreme weather and the lack of suitable outdoor clothing. Only 38% of prisoners (against the 52% comparator) said that they went outside for exercise three or more times a week, although this was an improvement on the findings at the time of the previous inspection (26%). With the exception of the induction unit, exercise yards were basic, with no benches or suitable exercise equipment.

6.49 Out of cell activity during association was limited, particularly since the removal of pool tables from all but one wing. A risk assessment was being undertaken to see if playing pool could resume for prisoners on the enhanced level of the incentives and earned privileges scheme on house block 5.

## Recommendations

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- 6.50 Time out of cell should be advertised clearly on each wing and applied consistently to all prisoners.
- 6.51 Time out of cell should be monitored separately for Moorland and Hatfield.
- 6.52 Prisoners who are not on the basic regime should have access to association every day.
- 6.53 Prisoners should be offered outdoor clothing if they wish to exercise in inclement weather.
- 6.54 Exercise yards and association areas should be equipped with appropriate furniture and equipment.

# Section 7: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Physical and procedural security was sound but some aspects were over-restrictive. The practice of unlocking prisoners separately was inappropriate for those on normal location. Interaction between staff and prisoners on association was limited, affecting the quality of dynamic security. Security intelligence was received from across the prison and was acted on promptly. The number of security information reports had increased and the reasons for this had not been sufficiently considered. Sharing of security information was generally good, with the exception of communication with the diversity team. Governance through the security committee was effective but statistical data were not analysed sufficiently and the diversity team was not represented. The searching protocol was proportionate but searches were not logged in sufficient detail. There were few banned visitors or prisoners on closed visits. Restrictions were imposed for visit-related matters. Prisoners were provided with a copy of prison rules at induction and they were enforced by a system of incentives and earned privileges warnings. Some rules were over-restrictive.

### Security

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- 7.2 Physical and procedural security measures were mainly well managed and sound, although there were some disproportionate restrictions in place; for example, property held in previous establishments was sometimes withheld, prisoners could not wear their own clothing at all times and they were not allowed to wear their own exercise clothing in the gym (see section on rules). A major restriction on basic regime prisoners who were considered a threat to others, or vulnerable in some way, was the practice of unlocking them separately, with three officers unlocking them; this was not detailed in policy documents. This meant that the prisoners concerned were not allowed out for exercise at the same time as others, so their period on the basic regime was effectively segregation without the appropriate governance.
- 7.3 It was difficult to judge the quality of dynamic security because of the restricted regime operating for much of the inspection, owing to adverse weather conditions. During the association periods we observed, only a minority of staff interacted with prisoners. This was reflected in our survey, in which only 9% of respondents, against the 19% comparator, said that staff normally spoke to them during association, inevitably reducing the effectiveness of intelligence gathering (see main recommendation HP44).
- 7.4 In the six months from May to October 2010, 1,379 security information reports (SIRs) had been submitted, an average of 229 a month. This represented an increase of around 20% on the same period in the previous year. The security managers could not explain this and it had not been considered at the monthly security meeting. Most of the SIRs in which the subject had been identified concerned drugs and threats to staff.

- 7.5 Information sharing with other departments was generally good but there was poor communication with the diversity group. The diversity manager did not attend security committee meetings and we came across a racist incident report form indicating racial tensions which had not been followed up (see section on diversity).
- 7.6 When bullying was reported, this information was passed to the violence reduction coordinator and a daily SIR report was circulated to senior managers and stakeholders. The SIRs received were assessed promptly and action was taken according to the assessment made. The records we saw showed that, in serious matters, such as possession of weapons and class A drugs, action was taken within 24 hours. Although searching targets were met, security staff were concerned that pressures from the redeployment of searching staff and analysts was putting their effectiveness at risk.
- 7.7 The security committee met monthly and set objectives based on the information submitted. The objectives changed from month to month in line with analysis of incidents and information received. Actions were discussed and agreed. In October 2010, a concern that some assaults had been gang related had resulted in a priority for the month being identification of gang allegiances, and a related objective concerned with possession of weapons had been agreed. The security committee was provided with good statistical data. However, there was insufficient analysis of trends and patterns in the data received. The data we saw showed a rise in assaults on particular house blocks during October but the meeting minutes did not reflect the trend being examined or leading to action.
- 7.8 The searching protocol required strip-searching of prisoners on reception and on discharge, on entry to segregation, during a cell search and during a mandatory drug test. Squat-searching was not logged and was reserved for occasions when there was intelligence of concealed articles. In the six months before the inspection, there had been 3,743 strip-searches recorded but we were not provided with logs of the processes involved.
- 7.9 Only one prisoner was on closed visits at the time of the inspection and he had been subject to the restriction for less than a week. It was policy to impose closed visits for behaviour during visits and in this case the restriction was based on intelligence that the prisoner was planning to have drugs brought in by a visitor.
- 7.10 At the time of the inspection, there were seven visitors banned from the establishment, for appropriate reasons, relating to behaviour during visits or having been found bringing in contraband. When the prison had good intelligence that a visitor was bringing drugs or other contraband into the establishment, they were required to undergo a strip-search. If contraband was found, or if they refused to be searched, the police were called to arrest the visitor.

## **Rules**

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- 7.11 The rules of the establishment were explained during induction and prisoners were provided with an induction booklet which set them out.
- 7.12 The rules were generally appropriate, except for being over-restrictive on the clothing allowed and on property which could be brought in from previous establishments. Prisoners also complained that they were not allowed to receive crayon drawings from their children.
- 7.13 Breaches of the rules did not automatically lead to adjudication; there was a well-developed system of warnings about behaviour in the incentives and earned privileges (IEP) policy (see section on incentives and earned privileges).

## Recommendations

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- 7.14 The practice of unlocking basic regime prisoners singly should be discontinued.
- 7.15 Residential staff should interact with prisoners during association.
- 7.16 Communication between the security department and the diversity team should be improved.
- 7.17 A log should be kept of every strip-search and squat-search.
- 7.18 The relevant Prison Service codes and instructions should be amended to make clear that visitors should not be strip-searched by prison staff.
- 7.19 Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial intelligence that a visitor is bringing drugs into the prison. The visitor should not be strip-searched but detained for a short period until the police arrive.
- 7.20 The rules concerning clothing, property brought in from other prisons and restricting mail should be relaxed.

## Discipline

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Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.21 The number of adjudications was high. They were well run and monitoring was thorough. The quarterly review group was a means of continuous improvement but trends in adjudications were not thoroughly explored. Use of force was high and trends were not properly analysed. Planned use of force was not video-recorded. Written records were not always sufficiently detailed and the use of restraints was inconsistent. The use of special accommodation was high and not always appropriate. The segregation unit was bright and clean. The regime provided basic amenities and in-cell activities. All prisoners entering the unit were strip-searched and provided with sterile clothing. Prisoners were visited daily by the duty governor, the chaplaincy team and by health services staff, and weekly by the Independent Monitoring Board team. Staff-prisoner relationships on the unit were relaxed and professional but staff training was not extensive. There was an emphasis on returning segregated prisoners to normal location and good order or discipline reviews involved appropriate staff and the prisoner. Governance of the segregation procedures was poor.

## Disciplinary procedures

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- 7.22 In the six months before the inspection, the number of adjudications opened had been high, at 917. This reflected comments by prisoners in our groups that they felt that officers reported them for adjudications too readily, which was despite the use of minor reports for young adults and efforts that the prison had made to develop the warnings process within the IEP system.

- 7.23 Data provided showed that the origins of reports were not always evenly spread across the residential units. There had been a markedly higher number of reports from house block 4 which held young adults in July and September 2010 but the reasons had not been analysed at the security committee (see section on security).
- 7.24 From comments made in our prisoner groups and from written records, it was evident that adjudications were well run. The adjudications room in the segregation unit was spacious and appropriately set out. Prisoners' understanding of the charges was checked and they were given the opportunity to explain their behaviour and to challenge evidence. They were able to call witnesses and a number obtained legal advice or were legally represented.
- 7.25 Records of adjudications were in verbatim form, which gave a good account of proceedings. Adjudicators made efforts to understand the circumstances of violent behaviour, to identify any suspicions of bullying, and these were referred to the violence reduction coordinator. The punishments given reflected the culpability of the respective parties involved in the case. For example, the record of one adjudication showed that the adjudicator had explored the background to a fight and found that the apparent instigator had in fact reacted to bullying behaviour; this resulted in him being given the lesser punishment. Mitigation was fully recorded and punishments given were fair and proportionate.
- 7.26 In the six months before the inspection, 14% of cases had been dismissed; this low figure suggested that, while fair consideration was given to the validity of the charges, those being brought for adjudication were appropriate.
- 7.27 Minor reports were used for disciplinary matters with young adults. These were run by senior officers trained in adjudications and monitored by the head of residence. There were, on average, 30 minor reports a month and most of them were for failure to comply with prison rules, rather than more serious matters, which were referred for adjudication.
- 7.28 The most serious matters were referred to the independent adjudicator, who visited monthly.
- 7.29 There was a three-monthly adjudications review group, chaired by the deputy governor. All the adjudicators were represented and the meeting considered the monitoring of adjudications by the deputy governor, who identified any aspects of procedure which might leave the case open to appeal. The minutes also showed that the group actively considered the appropriateness of reports for adjudication and in July 2010 had reviewed the practice of charging prisoners who had decided not to attend voluntary education or work placements.

## Recommendations

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- 7.30 **The prison should take further action to reduce the number of adjudications.**
- 7.31 **Trends and patterns in adjudications data should be analysed thoroughly and appropriate action taken in response.**

## The use of force

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- 7.32 The incidence of use of force was high, which was reflected in our survey, where 11% of respondents reported that they had been subjected to the use of force in the previous six months, against a comparator of 5%. In the six months before inspection, there had been 140 uses of force recorded, representing a rate of 15 a month per 100 prisoners. Force was used

disproportionately on young adults, who were the subject of such incidents on 60% of occasions but represented 40% of the population.

- 7.33 The use of force was reported to the security committee and broken down into the reasons for force being used but there was no evidence that the information provided was interrogated further or led to any remedial action.
- 7.34 Documentation of the use of force was reviewed by managers. An account of any attempt to de-escalate situations was missing from several records and there was insufficient detail of the force used in some. This was a serious omission because some prisoners had complained of excessive force being applied. Planned uses of force were not video-recorded for monitoring and training purposes. Documentation of planned use of force showed that it was appropriately authorised and that health services staff attended such incidents.
- 7.35 The use of handcuffs was inconsistent and not always appropriate, with some examples of poor assessment of risk. We found one example of a prisoner who had been told he was being taken to the segregation unit and had indicated that he would go willingly but had still been put into handcuffs. Another prisoner being taken to the segregation unit had been argumentative and had not been put into handcuffs but required restraint on the way, when he became violent.
- 7.36 The use of special accommodation in the segregation unit was high, having been used on nine occasions in the six months before the inspection. All but one of the prisoners concerned had already been located in the segregation unit. The Independent Monitoring Board (IMB) and health care department were informed when a prisoner was located in a special cell, and records showed that visits were made promptly by health services staff if force had been used. Prisoners were checked and comments entered on their records every 15 minutes.
- 7.37 Records we examined showed that special accommodation was sometimes used inappropriately and for longer than required. One prisoner's record showed that he had been relocated from a segregation cell to special accommodation because he had felt unsafe, rather than because of continuing refractory behaviour, and he had been kept there overnight. Another prisoner had required constant observation and been kept in a special cell with the door open, which was inappropriate use of the accommodation.

## Recommendations

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- 7.38 The prison should take action to reduce the number of incidents of use of force.
- 7.39 Staff should fully record the use of de-escalation and the level of force used.
- 7.40 Planned use of force should be video-recorded and used for monitoring and training purposes.
- 7.41 There should be consistency in the use of restraints.
- 7.42 The use of special accommodation should be reduced.
- 7.43 Special accommodation should be used only for refractory prisoners, and for the minimum amount of time.

## Segregation unit

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- 7.44 The segregation unit was bright and clean. Cells were in good order and had an electricity supply, which allowed all residents to have televisions, except for those on the basic regime. A cleaner was located permanently on the unit to maintain standards of cleanliness.
- 7.45 There was a small library, which prisoners could use when required. They had showers and exercise every day, access to the telephone and were provided with in-cell education that was set weekly by visiting education staff. They were allowed out of their cells to collect meals and could attend visits. On the basis of a risk assessment, prisoners who applied for attendance at religious services could be escorted to them.
- 7.46 Records showed that prisoners were visited daily by the duty governor, the chaplaincy team and by health services staff. The IMB team visited at least weekly.
- 7.47 Over the previous six months, the average number of unit residents at the end of the month had been 13. At the time of the inspection, there were 11 prisoners located there, the longest stay being 20 days. Of these, seven were adults and four were young adults. Authorisation of segregation had been recorded appropriately and health care checks were in place.
- 7.48 All prisoners entering segregation were subjected to a strip-search in the process of changing into sterile clothing in their cell, in the presence of officers. Prisoners we spoke to had all been provided with a booklet of the rules of the unit and understood why they had been segregated.
- 7.49 The unit was staffed by a dedicated team of officers who had expressed an interest in working there. They had not received formal training but there was a system of signing off competencies with the senior officer when they had been demonstrated. They had not all attended formal training in the full range of areas expected of them, such as suicide prevention, mental health awareness, personality disorder and motivational interviewing.
- 7.50 Relationships between staff and prisoners on the unit were good. Staff had full knowledge of the prisoners and we observed them speaking to prisoners respectfully, and prisoners we spoke to confirmed that this was the case. Each prisoner was allocated two members of staff to provide support, and unlock levels were appropriate, in line with risk assessments.
- 7.51 The emphasis of the unit was to return prisoners to normal location where possible, and this has been the case for 70% of prisoners leaving segregation in the six months before the inspection. The average length of stay during this period had been five days but five prisoners had been held for more than 30 days. Their continued detention had been appropriately reviewed and authorised.
- 7.52 The records of good order or discipline (GOOD) reviews and the session observed were consistent with a proactive approach to keeping segregation to the minimum period possible. Reviews were attended by unit staff, the chaplain, an IMB representative, and education, health services and residential staff. Prisoners were present at reviews and they were set clear targets to achieve in order to progress, which involved ongoing contact with appropriate staff. Some were taken to association on house blocks to assess their behaviour and to allow them to build their confidence in preparation for a move back to normal location.

- 7.53 A wide range of security monitoring and review group (SMARG) data were produced but there was no distinctive SMARG meeting to monitor and review segregation practice. The data were presented to the monthly security meeting but were not adequately analysed or interrogated.

## Recommendations

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- 7.54 Prisoners entering segregation should not be routinely subjected to a strip-search.
- 7.55 Segregation unit staff should all be trained in de-escalation, diversity, suicide prevention, mental health awareness, personality disorder and motivational interviewing.
- 7.56 A segregation monitoring and review group should be established to provide governance of segregation procedures.

## Incentives and earned privileges

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### Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.57 The prison had a clear and progressive incentives and earned privileges (IEP) policy. A high proportion of prisoners were on the enhanced level and a low number on the basic level. The basic level was too restrictive, especially for those on single unlock procedures, but a points system allowed prisoners to progress quickly to limited association. While, for many prisoners, the warnings and IEP board gave them opportunities to improve their behaviour, a few were reduced to the basic level immediately for bullying or serious drug offences. Adjudication awards included reduction in IEP status without a separate review.
- 7.58 The prison had a clear IEP scheme, which had been reviewed in May 2010. The criteria for promotion and demotion were clearly set out, as well as the process for reviewing prisoners' regime levels.
- 7.59 At the time of the inspection, almost 50% of prisoners were on the enhanced level of the IEP scheme and just eight were on the basic level. We were not provided with data predating the reduction of the population, so could not ascertain if these numbers were typical. In our survey, conducted before the reduction in prisoner numbers, a similar proportion, 49%, said that they were on the enhanced level but this was lower than the 62% comparator. The processes of considering prisoners for promotion in the scheme were positive and they were not penalised if work was not available.
- 7.60 The advantages of promotion to the enhanced over the standard level were improved availability of visits, access to more cash and permission to purchase a games console. There was also a dedicated residential unit for a limited number of enhanced prisoners which offered a more relaxed regime, private study time and the opportunity to eat in association.
- 7.61 The basic level of the scheme was over-restrictive, limiting prisoners' access to association. This meant that it operated effectively as segregation, especially if the prisoner was subjected

to the single unlock process (see section on security). Prisoners on the basic level were set routine targets regarding their behaviour and keeping their cells tidy; if achieved, these could earn points, leading to limited association with other prisoners and promotion back to standard once they had accrued enough points. These could be earned by three weeks of compliant behaviour. Adult prisoners on the basic regime were not allowed to work or attend education.

- 7.62 The application of the IEP scheme was well structured and designed to give prisoners the opportunity to amend their behaviour before being considered for demotion. Written warnings from staff were followed by a formal warning from the residential senior officer. Continued incidents of poor behaviour resulted in an IEP board, chaired by a residential governor. This was attended by the prisoner, who was given the opportunity to present his case. The IEP board was held weekly and considered both promotions and demotions. The policy allowed for behaviour targets to be set at the board.
- 7.63 Files we examined of prisoners on the basic level generally showed that a pattern of behaviour and a number of warnings had preceded their demotion. The exception was prisoners found to have been involved in bullying or serious drug use, who were immediately reduced to basic. We found examples of prisoners whose IEP level had been reduced as a result of their adjudication but not until the charge had been proven.

## Recommendations

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- 7.64 The basic regime should allow prisoners limited association, so that they can demonstrate improvements in behaviour.
- 7.65 Prisoners on the basic regime should be allowed to work and attend education.
- 7.66 A reduction in incentives and earned privileges level as a result of a single incident should only be awarded after a separate IEP review.

# Section 8: Services

## Catering

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### Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 8.1 Although prisoners complained about the quality of the food, we found it to be adequate. The kitchen and servery areas were efficient and well run. The consultation arrangements were limited and all prisoners ate in their cells.
- 8.2 The food was prepared in a well-equipped, tidy temporary kitchen, which was being used while the main kitchen was being refurbished. It was hoped that the upgraded facility would be ready in May 2011. The standards of hygiene and cleanliness were good, both in the kitchen and in the serveries. Staff and prisoners working in these areas wore 'whites' and hats, and cleaning schedules were followed.
- 8.3 Halal and non-halal products were kept separate, with different fridges and freezers, as well as cooking and serving utensils. Separate equipment was also used to prepare and serve vegetarian items. One of the prisoners working in the kitchen was Muslim. Although he did his best to reassure fellow Muslim prisoners that their food was properly sourced, cooked and served, he told us that they often remained sceptical.
- 8.4 The three daily meals were served at around 8am, from 11.30am onwards and at 5pm. When the food was ready, its temperature was tested and it was then transported from the kitchen to the residential areas in heated trolleys. This resulted in the food becoming 'steamed' and meant that, to some extent, it had deteriorated by the time it was served. It was anticipated that the use of more modern equipment in the new kitchen would lessen this problem. Prisoners collected their meals from unit serveries and ate in their cells.
- 8.5 There was an allowance of £1.96 per day for food for each prisoner, which seemed to be a relatively low amount, particularly in view of recent rising costs.
- 8.6 There was a four-week pre-select menu. Religious, cultural and medical diets were all catered for but the standard range of items on the menu was limited. No cooked breakfasts were provided; prisoners were given breakfast packs on the evening before they due to be were consumed. A pilot exercise was being carried out on house block 5 for enhanced prisoners, whereby they were permitted to prepare their own toast at the weekend. Lunch normally consisted of a sandwich, with a hot option at the weekend. Fresh fruit and salads were available every day and there was a halal, vegetarian and healthy option every day. Frozen vegetables were used, in order to save on cost. Prisoners were issued with a packet of biscuits once a week, had access to drinking water in their cells and all had kettles.
- 8.7 Only 10% of prisoners responding to our survey, against the 30% comparator, said that the food was good or very good. We received complaints about the food consistently during the inspection. Prisoners were particularly critical about the small portion sizes but also complained about the quality and range of food provided. We agreed that there was limited variety but found it to be of an adequate standard and sufficient in quantity.

- 8.8 Prisoners had some opportunities to express their views about food but the arrangements were too ad hoc. Catering was sometimes discussed at the prisoner consultation meetings but it was not a regular agenda item. We were told that there was a food comments books on all the units but when we asked to see one, wing staff were unable to find it. The catering senior officer visited a different wing servery every week and spoke to staff about any problems. An impact assessment on catering had been carried out in 2007 but the results were no longer relevant. No food survey had been carried out since the previous inspection.
- 8.9 The catering manager at Moorland had oversight of the catering arrangements at Hatfield and authorised all orders. The staffing complement consisted of a senior officer, two discipline officers and two officer support grade caterers. All of these staff had either National Vocational Qualification (NVQ) or City and Guild qualifications in catering.
- 8.10 Typically, around 30 prisoners worked in the kitchen at any one time. They had all completed basic food and hygiene training. None of the men working in the kitchen were currently undertaking NVQ training, although we were told that a few prisoners had completed this level of training since the previous inspection.

## Recommendations

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- 8.11 Prisoners should be allowed to eat in association where there is sufficient communal space.
- 8.12 The range of items on the menu should be broadened.
- 8.13 Prisoners should be provided with breakfast on the day it is to be eaten.
- 8.14 Prisoners should be fully consulted about their views on the food, including an annual prisoner survey, and the issues identified addressed.
- 8.15 An impact assessment of catering, which addresses the full range of diversity, should be conducted and action taken to address issues identified.
- 8.16 Prisoners working in the kitchen should be offered the opportunity to undertake vocational training.

## Prison shop

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### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.**

- 8.17 There was an appropriate range of goods available but the prices were too high. Order forms with the statement of prisoners' spending accounts were issued on Fridays, which left insufficient time for corrections. Reception packs were available to newly arrived prisoners but it could take up to 10 days before they received a full order. There was a wide range of catalogues available and charges were not made for administration or delivery for most purchases.

- 8.18 The prison shop was provided by DHL and the range of goods available to prisoners was decided by quarterly consultation with prisoner representatives. The most recent internal satisfaction survey of the prison population regarding the shop had taken place two years earlier.
- 8.19 In our survey, the number of prisoners reporting that the shop sold an adequate range of goods was comparable to the average, and prisoner groups reported that they were satisfied with what was available.
- 8.20 Prisoners complained about high prices but a recent prison circular comparing DHL with high street prices maintained that they were comparable with major supermarkets. Our check comparing the prices of a random selection of toiletries and groceries found the DHL prices to be 26% higher than those of supermarkets.
- 8.21 Shop order forms, with a statement of prisoners' spending accounts, were issued on Fridays, to be submitted on Sunday for delivery the following Wednesday. Prisoners complained that if there was an error with their spending amount, there was often not enough time for corrections to be made by the finance department before the order was submitted the following Sunday. There were contingency boxes of popular items, so that a limited number of errors or issues with damaged goods could be rectified immediately.
- 8.22 Prisoners arriving at the establishment were provided with credit and could purchase smokers' and grocery packs but could wait up to 10 days for the first delivery of orders from the shop list. They could buy up to three smokers' packs while waiting for their order.
- 8.23 A wide range of catalogues was available, from which prisoners could purchase goods such as clothing, electrical items, hobby materials and imported books and music. An administration charge was not imposed for orders and the only delivery charge passed on was for imported goods.
- 8.24 A full range of newspapers, including foreign language editions, was available through the library.

## Recommendations

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- 8.25 Prices charged to prisoners for prison shop purchases should be in line with those on the high street.
- 8.26 Shop order sheets and statements of prisoners' accounts should be issued in good time for corrections to be notified and implemented before purchases are ordered.

## Housekeeping point

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- 8.27 A shop satisfaction survey should be conducted with all prisoners and action taken on the findings.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 Moorland had its own resettlement strategy but the action plan covered both Moorland and Hatfield. There had been no systematic needs analysis. The action plan was not aligned to the resettlement pathways and it was not clear how it was monitored. The resettlement team met bimonthly and briefly considered statistics relating to resettlement outcomes. There was no use of release on temporary licence to meet resettlement needs.
- 9.2 There was a resettlement strategy, which referenced offender management. One action plan covered both Moorland and Hatfield. The prison had not undertaken a systematic needs analysis, for example by making use of available offender assessment system (OASys) or tiering data. Consequently, the resettlement strategy and plans for service provision were not based on robust evidence of prisoner needs. The action plan was not structured in line with the seven pathways and did not appear to be actively monitored at the bimonthly resettlement meetings. There was only limited monitoring of key performance targets, and the need to obtain and make better use of prisoner feedback had been recognised as an area for development (see main recommendation HP48).
- 9.3 The strategy provided clear links between public protection and the role of offender management in delivering resettlement services.
- 9.4 Service Level Agreements were in place to deliver accommodation, employment and training, and benefits advice. External providers attended the resettlement meetings.
- 9.5 Release on temporary licence (ROTL) was not used for resettlement purposes.

### Recommendations

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- 9.6 A broader analysis of prisoner needs should be undertaken, utilising offender assessment system (OASys) data, in order to identify the most prevalent offending related factors. This should be used to inform the resettlement strategy and action plan.
- 9.7 Release on temporary licence should be introduced for resettlement purposes.

## Offender management and planning

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### Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

9.8 Layered offender management had been fully adopted. There was a well-developed offender management unit. Most assessments of likelihood of reoffending were of adequate quality and were used to prepare sentence planning objectives. The quality of sentence plans was inconsistent. There was no single record of all contacts and activity, and the results of all the assessments relating to a particular individual were not necessarily collated within the offender management file. Public protection arrangements were sound and there were good arrangements for prisoners serving life and indeterminate sentences for public protection.

## Sentence planning and offender management

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- 9.9 The offender management unit (OMU) comprised a mixture of prison and seconded probation officers working as offender supervisors, covering in- and out-of-scope cases, including lifers and prisoners serving indeterminate sentences for public protection (IPP). Their work was supported by generic case administrators, who shared responsibility for categorisation, home detention curfew (HDC) and ROTL. All activities were managed from the same office, which aided consistency and provided continuity during periods of absence. Prison officer offender supervisors also covered evening and weekend duties on the wing but were not diverted to other activities during the day. This enhanced their role, by enabling them to have informal contact with prisoners, which was clearly recorded in contact logs.
- 9.10 Moorland had been an initial pilot for tiering in custody and layered offender management. As such, all prisoners were allocated an offender supervisor and all underwent an assessment. This ranged from the basic custody screening covering the seven pathways for tier 1 and 2 cases, to the full OASys assessment for tier 4 cases. Cases were allocated according to a weighting system based on the identified tier.
- 9.11 We read case files relating to seven prisoners. Of these, the quality of OASys assessments was better for prisoners in scope of offender management than for those out of scope. Allocation to an offender supervisor had been timely for all prisoners in the sample. Not all case files contained all relevant documentation. Sentence planning board papers were not always present, and public protection files were kept separately.
- 9.12 Offender supervisors kept a separate electronic contact log of emails and telephone calls and recorded high-level entries on P-Nomis. Although the work of the OMU was gaining prominence, it was not yet fully understood by all within the prison. The unit reported no backlog of OASys assessments.
- 9.13 All cases had an allocated offender manager. Appropriate arrangements had been made for the offender manager to contribute to sentence planning boards in most cases. This included the use of telephone and video-conference facilities. All sentence plans had been completed, were timely and informed by relevant assessments in most cases, and most were appropriate to the purpose of sentencing. Most had been shared with other workers involved with the case. All plans included objectives to address the likelihood of reoffending. Not all were specific about the desired outcome or set out a logical sequencing of objectives and activities.
- 9.14 There was evidence in some cases that the prisoner had been engaged in the sentence planning process. It was clear what was expected of the prisoner in order to achieve the sentence plan objectives and which methods were most likely to be effective. For in-scope cases, only half of the likelihood of reoffending assessments had been reviewed thoroughly, in line with the national standard timescale. Sentence plans had not been reviewed in line with the timescale in some cases and some prisoners had not been able to take part in their review.

In our survey, 80% of prisoners said that they had a sentence plan, against the 66% comparator. Of these, 57% said that they had been involved in the development of their sentence plan, which was similar to the comparator. Most felt that it was possible to meet some or all of their sentence plan targets at the establishment (81% against the 70% comparator). However, only 33% of prisoners considered that staff had helped them to address their offending behaviour. There was evidence of an assessment of potential diversity issues, such as learning needs and learning styles; of discriminatory and disadvantaging factors and other individual needs; and of potential suicide risk or any other vulnerability. In all but one case, supportive and protective factors had been identified where present.

- 9.15 The level of contact between offender managers and prisoners met the national standard in two-thirds of cases. The offender manager had not facilitated and promoted the achievement of sentence plan objectives in all cases. Commitment to their work with the prisoner, for example by motivating and supporting them or reinforcing positive behaviour, was noted in some of the in-scope but none of the out-of-scope cases. By contrast, offender supervisors had developed positive and productive working relationships with all of the cases we inspected.
- 9.16 Five out of the seven prisoners in our sample had been required to undertake an accredited programme but this had been delivered in only one case. Interventions had, however, been delivered in line with the sentence plan, and sentence plan objectives had been partly achieved in most cases.
- 9.17 Quality assurance of all OASys assessments was undertaken, although not all the issues we identified had been picked up during these checks.

## Recommendations

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- 9.18 **Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement.**
- 9.19 **Sentence plan reviews should be timely and involve the prisoner.**
- 9.20 **Quality assurance processes should be improved to ensure that all issues are identified and acted on.**

## Housekeeping point

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- 9.21 Case files should contain a single record of all contact and activity relating to the management of the prisoner.

## Categorisation

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- 9.22 Categorisation reviews were up to date. Offender supervisors met prisoners before categorisation boards and structured their expectations concerning the possible outcome. Prisoners could submit written representations to the board. Decisions were clear and the reasons for them explained fully. Those who had been unsuccessful were advised of what they needed to do to be successful on their next review. The appeals process was not clearly outlined in the documentation given to prisoners.

- 9.23 Offender supervisors were responsible for collating all documents for a prisoner's consideration for release on HDC. Decisions on release were made by an appropriate manager and there was an appeals process. Of 116 prisoners eligible for release in the year to date, almost half had been granted. Prisoners were moved quickly to open conditions. At the time of the inspection, there was one prisoner waiting to go to another prison to access an offending behaviour course and fewer than 20 prisoners waiting for transfer to prisons closer to their home. The observation, classification and allocation officer was proactive in arranging these moves. All recategorisation reviews for young adults reaching adult status were up to date and most were moved to the adult wings.

## Housekeeping point

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- 9.24 The appeals process should be explained in writing to prisoners who are not successful in their application for recategorisation.

## Public protection

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- 9.25 The prison public protection manual was in the process of being updated to include the 2009 multi-agency public protection arrangements (MAPPA) guidance and document set. The prison held a weekly interdepartmental risk management meeting for new arrivals, chaired by the senior probation officer SPO, who held the role of public protection lead. Monthly meetings were convened to review all high- and very-high-risk prisoners, including safeguarding and harassment cases. If required, a risk strategy meeting was convened. Establishment training needs were also considered and minutes kept on the public protection file. Prisoners were informed of any restrictions or monitoring processes put in place. All cases involving monitoring of mail and telephones were reviewed quarterly to decide whether the risk had reduced and ongoing monitoring was necessary.
- 9.26 Prisoners posing a risk of harm to others were clearly identified in OASys assessments in all but one case that we looked at. There was evidence of structured management oversight, where required, in cases presenting a high risk of serious harm or where there were child protection concerns. This was undertaken by the two senior officers in the OMU.
- 9.27 A risk of harm screening had been completed in all but one of the cases we reviewed. This was found to be accurate in all in-scope cases and one out-of-scope case. A full analysis of the risk of harm to others had been completed in all the cases where it was required. Some analyses were of insufficient quality, lacking evaluation of the factors that contributed to any continuing risks and failing to draw on all available sources of information. The level of risk of harm to children was incorrect in two of the three out-of-scope cases. Not all cases had been reviewed in line with the national standard timescale.
- 9.28 In all cases, the risk of harm to others had been communicated to all staff involved and a risk management plan completed where required. Only two-thirds of risk management plans for in-scope cases were of adequate quality, with only a third describing how the objectives in the sentence plan would address risk of harm. Risk management plans had been completed for out-of-scope cases but not all were of adequate quality. However, all but one sentence plan included objectives to manage risk of harm to others, where relevant. Multi-agency work had made an effective contribution in the two relevant child protection cases.

## Recommendations

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- 9.29 Reviews of offender assessment system (OASys) assessments should be carried out in line with the national standard timescale.
- 9.30 All risk management plans should describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims.

## Housekeeping point

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- 9.31 Analyses of risk of harm should draw on all available sources of information and evaluate factors which lead to continuing risks.

## Indeterminate-sentenced prisoners

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- 9.32 Prisoners subject to recall were seen promptly and the processes were explained fully to them. They were all assigned an offender supervisor, who had regular contact with them.
- 9.33 At the time of the inspection, there were 24 lifers (all young adults) and 66 IPP prisoners. They were all allocated to offender supervisors and managed by a senior officer with additional management oversight of all the processes, and outcomes for them were good. A monthly meeting alternated between dealing with issues affecting lifers and IPP prisoners.
- 9.34 A detailed analysis of all lifers wishing to transfer to the establishment was made before they were accepted. All lifers undertook a one-week induction aimed specifically at their needs. It was designed to help them come to terms with their sentence and understand what would happen to them during their time in custody. At the completion of the induction course, they were able to attend the next scheduled lifer day, which involved an extended visit for up to four family members.
- 9.35 Lifers met their offender supervisors monthly, and when they reached the age of 21 years preparations were made for them to transfer to adult prisons.
- 9.36 IPP prisoners were seen within five days of arrival by an offender supervisor and undertook a specific induction, which had a focus on parole and issues affecting this prisoner group. They were seen monthly by offender supervisors and were given priority for attending offending behaviour courses.
- 9.37 All parole documentation was up to date.

## Resettlement pathways

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### Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

## Reintegration planning

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- 9.38 All prisoners with housing difficulties received effective support from a professional worker. The preparation for work course prepared prisoners well for release, and careers information and advice service workers interviewed prisoners around three months before their release date to review targets and discuss employment and training opportunities. A week before release, prisoners were offered pre-release medical assessments; take-home medication was arranged and help to locate local health care services was given. Prisoners received effective help from prison staff to claim state benefits. Only limited assistance was available for those with debt problems or financial difficulties.

## Accommodation

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- 9.39 Prisoners received advice and guidance on housing from a full-time professional who worked for Shelter. She was supported by a part-time assistant and a part-time volunteer. The accommodation service was well advertised through a series of good quality, informative leaflets and posters, which were displayed in locations across the establishment.
- 9.40 Previously, the Shelter worker had provided an input for all newly admitted prisoners, through the induction programme. She no longer did this because she had found that the high level of returners meant that this was not an efficient use of her time. Instead, all prisoners were now issued with a housing advice referral form on admission. This gave any prisoner who had a housing-related difficulty the opportunity to seek help. Almost half of the referral forms were completed and returned to the Shelter worker, who then prioritised which cases to work with. Prisoners were also able to refer themselves for help at any time during their time in custody.
- 9.41 Prisoners who needed to close down existing tenancies were allocated as priority cases. They were helped to pay off arrears and were supported in placing their names on housing lists for mainstream, local authority, private rented and supported accommodation. At the time of the inspection, the Shelter worker had an active caseload of between 35 and 40 prisoners. The large number of prisoners reporting being of no fixed address were targeted, and records indicated that no more than one or two prisoners a month were released without accommodation to go to. As a minimum measure, they were placed in bed and breakfast accommodation. Where necessary, discharge grants were issued in order to obtain hostel placements in advance of a prisoner's release.

## Education, training and employment

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*For further details, see Learning and skills and work activities in Section 6*

- 9.42 All education, training and employment resettlement activities were administered under the overall management of the head of learning and skills. All agencies, including careers information and advice service (CIAS) workers, Supporting Others through Volunteer Action (SOVA), Shelter and staff from the Minerva project, which provided through-the-gate support for prisoners returning to the Hull area on release, were situated together in the resettlement unit, enabling effective working and good communication. The preparation for work course run by The Manchester College prepared prisoners well for release, giving them the opportunity to update their CV and participate in mock interviews as part of the course. The Liberty programme ran weekly and provided prisoners with well-structured multi-agency individual support. CIAS workers interviewed prisoners around three months before their release date to review targets and discuss employment and training opportunities on release. However, not all prisoners were sent to the appointments from their house block by prison staff.

## Recommendation

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- 9.43 **Prison staff should ensure that prisoners are able to attend their careers information and advice service interview.**

## Mental and physical health

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- 9.44 Nurses were notified of prisoners' dates of release a week in advance. Prisoners were offered pre-release assessments by house block nurses; take-home medication was arranged and help to locate local services was given. There was a palliative and end-of-life care policy. A multidisciplinary team case conference with relevant community agencies was held for prisoners subject to the care programme approach in the month before release.

## Finance, benefit and debt

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- 9.45 The 'Countdown to release' course was designed for prisoners to attend six to eight weeks before release. We were told that approximately 95% of prisoners participated in this. The bulk of the course was delivered by education staff but part of it consisted of input by the resettlement manager, who advised prisoners about their welfare entitlements. Prisoners were given help individually to complete community care grant applications and to make appointments so that they could claim job seekers allowance. The resettlement manager followed up each case, to make sure that the arrangements made were firm.
- 9.46 Between April and May 2010, a piece of internal research had shown that 36% of prisoners wanted help with financial matters. The resettlement manager had established links with a local bank, and a small number of prisoners had been helped to open bank accounts.
- 9.47 We were told about a small number of individuals who had received help with financial or debt problems through contact they had made with local community-based organisations. Finance and debt were not, however, recognised as presenting problems and these issues were not addressed systematically.

## Recommendations

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- 9.48 **Prisoners should be given the opportunity to open bank accounts.**
- 9.49 **All prisoners should be assessed to establish if they have financial difficulties or debt problems, and assistance should be offered where necessary.**

## Drugs and alcohol

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- 9.50 The establishment's drug strategy policy was out of date and had not been informed by a comprehensive needs analysis. Prisoners could access a wide range of interventions, including specialist alcohol counselling. There was no peer support or ongoing service user consultation.
- 9.51 Drug strategy meetings took place monthly and were chaired by the head of interventions. Relevant departments and service providers attended. A designated drug strategy/programmes manager was the establishment drug coordinator; she chaired monthly

joint working integrated drug treatment system (IDTS) meetings and was assisted by a drug strategy senior officer. Links had been developed with community planning bodies.

- 9.52 A needs analysis conducted earlier in the year lacked detail and had not informed the drug strategy policy, which was overdue for review and did not contain action plans and performance measures. A separate alcohol strategy had recently been drawn up which focused on reducing the possible production of illicit alcohol.
- 9.53 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by a manager and three workers from Nottingham NHS Trust, as well as six CARAT/IDTS officers. Supervision arrangements for staff were appropriate. The team was based in a prefabricated building and had temporarily lost the use of an office on house block 1, which had been shared with IDTS nurses.
- 9.54 The service was easily accessible to prisoners, who were all seen on a one-to-one basis during induction; workers provided induction input three times a week. The annual target of 50 triage assessments had already been met at the time of the inspection. During the inspection, the team carried an active caseload of 82 clients, with another 26 files suspended. Before the disturbances, the caseload had stood at 220. Prisoners could access structured one-to-one work and the full range of IDTS modules, eight of which ran each month; these had been suspended in the short term.
- 9.55 CARAT staff did not monitor the number of young adults they engaged with but, on checking the current caseload, we found that this group was under-represented. The lack of focus on the needs of this group was reflected in our survey findings, where only 42% of young adults said that they had found the help they received useful, compared with 78% of adults, and was of particular concern, given the issues for young adults with drug and alcohol problems.
- 9.56 The CARAT team held occasional focus groups, the most recent one having taken place nine months earlier. There was no forum for ongoing service user consultation and involvement.
- 9.57 File checks showed regular care plan reviews and regular liaison with the OMU, but care plans were not shared and workers did not attend sentence planning meetings. Transfer and release plans were detailed and of good quality, and links had been established with two local drug intervention programme teams to facilitate prisoners' throughcare.
- 9.58 Two alcohol workers from the Nottingham NHS Trust were based with the CARAT service. Their active caseload stood at 30 clients (approximately 50% of whom were young adults), with another 24 on the waiting list. They were shortly to merge with the CARAT team, allowing all workers to engage with primary alcohol as well as problem drug users. Prisoners mainly self-referred to this service but referrals were also received from the OMU and from nurses. Interventions consisted of one-to-one work and prisoners could engage in counselling for up to eight weeks.
- 9.59 The prison did not run an alcohol-related offending behaviour programme and had not conducted an analysis to establish the level of need for such an intervention, although, given the number of young adults at the establishment and the demand for alcohol services, this was likely to be high.
- 9.60 The prison addressing substance related offending (P-ASRO) programme was available to those needing to address drug- and alcohol-related offending. The completion target for 2010 had been set at 32 and 20 participants had completed to date, with another five due to finish

the course shortly. Prisoners stable on methadone could access P-ASRO, and half of all participants were young adults.

- 9.61 The P-ASRO team consisted of a treatment manager (a senior officer) and three facilitators (two officers and one civilian). The previous year's audit had identified a lack of care plan objectives being set in participants' progress report; file checks showed that this had now been addressed and the CARAT team had provided the necessary training to the programme team. A peer support scheme to provide additional post-programme support had not yet been established.
- 9.62 In line with regional policy, compact-based drug testing no longer took place, except for prisoners undertaking the P-ASRO course. Testing was completed by the treatment manager and the drug strategy senior officer, who also undertook mandatory drug testing (MDT) using the MDT suite. Only one participant had tested positive in the year to date.

## Recommendations

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- 9.63 A comprehensive needs analysis of the prison population should be carried out to inform the drug and alcohol strategy and future service provision.
- 9.64 The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures.
- 9.65 The CARAT team should monitor the number of young adults accessing the service and ensure that their needs are met.
- 9.66 The CARAT service should develop a mechanism for service user feedback.
- 9.67 Links between the CARAT service and the offender management unit should be formalised to ensure that substance-related work is integrated with sentence planning.
- 9.68 Prisoners and young adults should have access to an alcohol-related offending behaviour programme.
- 9.69 A peer support scheme should be developed to offer ongoing support to prisoners who have completed the prison addressing substance related offending (P-ASRO) programme.
- 9.70 Compact-based drug testing of P-ASRO participants should be clearly separated from mandatory drug testing in terms of staffing and location.

## Children and families of offenders

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- 9.71 There was a well-run visitors centre and the visiting facilities were generally satisfactory. There were limited consultation arrangements for visits, and prisoners did not feel supported in maintaining contact with their family and friends.
- 9.72 Visits took place every day apart from Mondays and Fridays. The visitors centre provided a large, comfortable, waiting area. The centre was staffed by two Prison Service employees.

Entries in the comments book indicated that visitors found the centre staff to be friendly and helpful. This view was reinforced by comments made to us by visitors leaving the prison.

- 9.73 There was a reasonable amount of useful information on display in the visitors centre and sufficient locker space for visitors to use. There was a small café, staffed by prisoners from Hatfield, which provided hot drinks and snacks.
- 9.74 A well resourced 'Playbus', run by the local authority, was available twice a week and provided a good facility for families with children before entering the establishment.
- 9.75 The visits hall was large and provided sufficient capacity to cope with the demand. It was clean and comfortable. Prisoners' art was on display, as well as a range of informative posters explaining various procedures and outlining sources of help. There was a café, run by the Women's Royal Voluntary Service, which served hot snacks. The toilet facilities were clean and there was access for those with disabilities. There was also a crèche in the visits hall but it was poorly equipped and no longer staffed.
- 9.76 Prisoners taking visits were not required to wear bibs but were required to wear prison issue clothing for identification purposes.
- 9.77 A visitor survey had been carried out earlier in 2010 but the value of the results was limited because the return rate had been only 17%. The findings indicated that visitors were generally content with their treatment, although there were some complaints about delays and about the lack of hot food available.
- 9.78 In our survey, 41% of respondents said that they had received a visit in their first week and 38% that they had received one or more visits in the previous week, both figures being better than the comparator figures (22% and 31%, respectively). By contrast, only 34% of prisoners said that their family and friends were treated well or very well by visits staff, which was considerably worse than the 54% comparator.
- 9.79 The site was difficult to reach by public transport, being approximately eight miles from the nearest mainline station, which involved a 30-minute bus journey, for which there was no Sunday service. Visitors centre staff said that the number of visitors to the establishment had declined over recent years but this had not been investigated to determine whether it was a result of prison policies.
- 9.80 Family days were organised for lifers but this opportunity was not open to any other prisoners. At the time of the inspection, there were no parenting classes but there were plans to introduce a programme early in 2011, with input from the local authority.
- 9.81 In our survey, only 30% of prisoners, against the 38% comparator, said that they had been helped to maintain contact with their family and friends while in prison. This reflected the underlying strategic weakness in this pathway (see main recommendation HP49).

## Recommendations

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- 9.82 Visitors should have access to a well-run, properly equipped crèche in the visits hall.
- 9.83 A visitor survey should be carried out, based on a representative sample. The results should be used to help inform service development.

- 9.84 All prisoners should be eligible to be considered for family days.
- 9.85 There should be a clear strategy which describes actions and allocates responsibilities for maintaining and improving prisoners' links with families and friends.

## Attitudes, thinking and behaviour

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- 9.86 Two accredited programmes were offered. These were well organised and delivered efficiently but the number of prisoners who benefitted from them was limited. The lack of a comprehensive needs analysis raised questions about how well the available resources were being targeted.
- 9.87 Programme work was delivered by a multidisciplinary team consisting of operational and non-operational staff. The Controlling Anger and Learning to Manage it (CALM) course had an annual target of 25 completions. The thinking skills programme (TSP) had an annual target of 62 completions.
- 9.88 Both the CALM and TSP programmes were well run. Referrals usually came via sentence planning targets which had been set by staff working in the OMU and were appropriate. Good use was made of waiting lists to ensure that places were allocated according to both risk and need. The programmes were run in designated areas on the residential units. The accommodation used was well equipped and provided sufficient privacy. The number of prisoners participating in these programmes was relatively small. Given the serious disruption which had taken place in the establishment, it was not clear that both targets for annual completions would still be met.
- 9.89 Some partial needs analysis work on the population had been carried out but a comprehensive analysis had not been undertaken. This meant that offenders tended to be 'slotted in' to the courses that were already running. It was not clear, therefore, that the resources available were always being targeted in the best way.
- 9.90 At any one time, members of the psychology team carried out one-to-one work with two or three prisoners who had been assessed as presenting a high risk, and who were unable or unwilling to work within a group work setting.

## Recommendation

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- 9.91 A comprehensive analysis of prisoners' offending behaviour needs should be carried out and the results used to inform which programmes are delivered and how they are developed.



# Section 10: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

## Main recommendations

To the governor

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- 10.1 Out-of-commission house blocks should be refurbished as a matter of priority. (HP42)
  - 10.2 The security committee should thoroughly analyse statistical information provided including the reasons for any significant change to the type or quantity of security information reports submitted and trends in other relevant data. (HP43)
  - 10.3 The dynamic between staff and prisoners should be analysed and action taken to improve staff–prisoner relationships. (HP44)
  - 10.4 Systematic arrangements should be put in place to meet all the diverse needs of prisoners and ensure equality of treatment. (HP45)
  - 10.5 Prisoner confidence in the application and complaints and racist incident referral systems should be improved. (HP46)
  - 10.6 A longer working day should be provided, with fewer interruptions, so that prisoners can work more meaningful hours and complete qualifications more quickly. (HP47)
  - 10.7 A focused strategic direction should be given to resettlement as the key role of the establishment. (HP48)
  - 10.8 Support for prisoners to maintain contact with their family members and friends should be prioritised and better family pathway provision developed. (HP49)

## Recommendations

To NOMS

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### Security and rules

- 10.9 The relevant Prison Service codes and instructions should be amended to make clear that visitors should not be strip-searched by prison staff. (7.18)

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### Prison shop

- 10.10 Prices charged to prisoners for prison shop purchases should be in line with those on the high street. (8.25)

**Courts, escorts and transfers**

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- 10.11 The poor prisoner perceptions about their experience during transfer should be explored. (1.5)

**Residential units: accommodation and facilities**

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- 10.12 Prisoners should not share cells that are intended for single use. (2.9)
- 10.13 Cells should be subject to a rolling decoration programme. (2.10)
- 10.14 Damaged flooring should be replaced. (2.11)
- 10.15 Prisoners should have daily access to telephones. (2.12)
- 10.16 Prisoners should be able to rely on a prompt and efficient mail service. (2.13)
- 10.17 Prisoners should be encouraged to make greater use of the email service. (2.14)

**Residential units: clothing and possessions**

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- 10.18 Prisoners should have ready access to clean, properly fitting, prison-issue clothing. (2.18)

**Residential units: hygiene**

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- 10.19 Prisoners should be able to shower daily. (2.21)

**Young prisoners**

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- 10.20 The dedicated provision for young adults should cater for the particular needs and demands of this group. (2.24)
- 10.21 Young adults should have the same access to the regime as adults. (2.25)

**Staff–prisoner relationships**

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- 10.22 Training and development programmes should emphasise the importance of pro-social modelling or the need for staff to model and encourage appropriate prisoner behaviour. (2.32)
- 10.23 Prisoner consultation meetings should include regular discussions of relevant issues of importance, such as safety and the operation of the regime, and be used to support effective communication. (2.33)
- 10.24 All staff should routinely use prisoners' titles and surnames or preferred names. (2.34)

### **Personal officers**

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- 10.25 Personal officers should be coached in their responsibilities and supported by managers to carry these out. (2.39)
- 10.26 All personal officers should introduce themselves and get to know the prisoners on their caseload. (2.40)

### **Bullying and violence reduction**

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- 10.27 The establishment should establish a wider range of interventions for persistent bullies. (3.8)
- 10.28 Consultation with prisoners in terms of anti-bullying and violence reduction should be improved and findings acted on. (3.9)
- 10.29 A violence reduction survey for prisoners should be carried out and used to inform the violence reduction strategy. It should explore reasons for prisoners' perceptions of staff intimidation and take action accordingly. (3.10)

### **Self-harm and suicide**

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- 10.30 Regular management reviews of support plans should ensure they are of a consistently high quality. (3.20)
- 10.31 Case reviews of prisoners on open assessment, care in custody and teamwork (ACCT) documents should be better attended by representatives from all departments that have regular dealings with the prisoner. (3.21)

### **Applications and complaints**

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- 10.32 Replies to complaints should be comprehensive and fully address the issues. (3.33)

### **Legal rights**

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- 10.33 A legal services officer, with the training and time to provide an effective service should be known and accessible to prisoners. (3.40)

### **Faith and religious activity**

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- 10.34 There should be a prison visitor scheme. (3.52)

### **Substance use: clinical management**

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- 10.35 Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should undertake joint care planning and treatment reviews. (3.60)

- 10.36 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems, and their care should be jointly coordinated by mental health, clinical substance misuse and CARAT teams. (3.61)

### **Substance use: drug testing**

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- 10.37 The security department should be tasked with developing and implementing a supply reduction action plan. (3.67)
- 10.38 The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of weekend and target testing. (3.68)

### **Diversity**

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- 10.39 The race and equalities meeting should focus on the diverse needs of prisoners at a strategic level. (4.6)
- 10.40 The diversity team should be resourced to a sufficient level to meet the needs of prisoners. (4.7)
- 10.41 The race and equalities action plan should take into consideration assessment of need and provision of services for prisoners with diverse needs. (4.8)
- 10.42 There should be a complete overhaul of the race and equalities strategy to take into account all strands of diversity. (4.9)
- 10.43 Prisoner discussion and support forums should be introduced for all aspects of diversity, using professional interpreting where necessary. (4.10)

### **Diversity: race equality**

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- 10.44 Prisoners from Gypsy and Traveller backgrounds should be identified and supported. (4.24)
- 10.45 The operation of the racist incident report form system should be monitored, trends analysed and remedial action taken where necessary. (4.25)
- 10.46 Impact assessments should be specific to HMP Moorland. (4.26)
- 10.47 There should be a clear system to identify prisoners responsible for racially aggravated offences or identified as racist, with an updated register maintained. (4.27)
- 10.48 The race equality team should be represented at the security committee and report any security-related concerns arising from their work. (4.28)
- 10.49 Prisoners should be encouraged to celebrate their own culture and heritage and understand and respect that of others as part of the communal life of the prison. (4.29)
- 10.50 Staff should be appropriately trained in race and diversity. (4.30)

### **Diversity: religion**

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- 10.51 Prisoners' negative perceptions about being treated with respect in relation to their religion should be explored. (4.33)
- 10.52 Access to regime activities should be monitored by religion. (4.34)

### **Diversity: foreign nationals**

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- 10.53 A needs analysis of foreign national prisoners should be conducted annually and the policy document should be updated to include its findings and to outline the strategy. (4.41)
- 10.54 There should be a record of the needs of all prisoners who cannot speak English and of how their needs are being met. (4.42)

### **Diversity: disability and older prisoners**

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- 10.55 All prisoners with disabilities should be able to access a full regime. (4.50)
- 10.56 All older prisoners and those with disabilities should be assessed to establish the requirements for individual care plans, which should be regularly updated. (4.51)
- 10.57 Plans and policies should be put in place to identify and meet the needs of older prisoners when required. (4.52)

### **Diversity: gender**

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- 10.58 There should be a clear policy for the management of prisoners presenting with gay, bisexual and gender (including transgender) issues, and this should be publicised on residential units. (4.58)

### **Health services: general**

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- 10.59 The reception and house block health consultation rooms should be refurbished to be compliant with infection control standards. (5.6)

### **Health services: clinical governance**

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- 10.60 All registered nurses should receive training in resuscitation at least annually. (5.15)
- 10.61 There should be a patient forum that is representative of the prison population. (5.16)

### **Health services: primary care**

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- 10.62 Barrier protection should be freely available to all prisoners. (5.24)
- 10.63 Waiting times to see a physiotherapist should be reduced. (5.25)
- 10.64 Staff should be trained in the use of triage algorithms. (5.26)

10.65 Prisoners should be able to see a doctor in private, subject to risk assessment. (5.27)

### **Health services: pharmacy**

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- 10.66 Lockable cupboards should be provided in cells for patients who receive in-possession medication. (5.34)
- 10.67 Use of general stock should be audited, so that stock supplied can be reconciled against prescriptions and agreed stock levels. (5.35)
- 10.68 There should be a review of procedures for ordering repeat prescriptions for patients who receive medicine by administration, in order to avoid the need to make unauthorised supplies beyond the term of prescriptions. (5.36)
- 10.69 The medicines and therapeutics committee should review the special sick policy, to ensure that all appropriate medicines can be supplied. (5.37)
- 10.70 Patient group directions should be produced, to allow the supply of more potent medicines by the nursing staff, where appropriate. (5.38)
- 10.71 A step-wise approach to pain management, such as the World Health Organization, should be used reduce opiate usage. (5.39)
- 10.72 The fax system for ordering reordering medications should be subject to audit. (5.40)

### **Health services: dentistry**

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- 10.73 The dental team should be included in the health care department resuscitation training. (5.49)
- 10.74 Applications to see the dentist should be triaged, preferably by dental staff, before being placed on the waiting list. (5.50)

### **Health services: mental health**

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- 10.75 Uniformed staff should have the training to recognise and take appropriate action when a prisoner may have mental health problems. (5.59)
- 10.76 Group therapies should be available to prisoners who need support for emotional and mental health problems. (5.60)
- 10.77 Prisoners should be transferred expeditiously to secondary and tertiary care as clinically indicated. (5.61)

### **Learning and skills and work activities: leadership and management**

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- 10.78 Lesson observations and evaluation feedback processes in accredited training should be carried out to allow for trend analysis and ongoing quality improvement. (6.6)
- 10.79 Quality improvement group meetings should focus on learner outcomes, in addition to operational issues affecting attendance, using data to set numerical improvement targets that are regularly reviewed. (6.7)

- 10.80 Prisoners should be systematically surveyed for their views, to inform curriculum planning and improvement. (6.8)

### **Learning and skills and work activities: work**

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- 10.81 Work skills developed through activities should be accredited. (6.12)
- 10.82 The long waiting lists for some courses and work placements should be reduced. (6.13)
- 10.83 The pay structure should be improved, to ensure that those on learning and skills courses are not on less pay than those in work activities. (6.14)

### **Learning and skills and work activities: vocational training**

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- 10.84 The number and range of accredited vocational courses should be increased. (6.17)
- 10.85 The PE timetable should be rescheduled, so that prisoners attending education, training or work activities do not have to attend for recreational PE during the core working day. (6.18)

### **Learning and skills and work activities: education**

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- 10.86 It should be ensured that the available data on learner outcomes is accurate and accessible to staff. (6.26)
- 10.87 The use of individual learning plans should be improved, to record individual learning targets more effectively. (6.27)
- 10.88 The use of learner diaries should be improved, to record what has been learnt rather than what the prisoner feels about a lesson. (6.28)

### **Physical education and health promotion**

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- 10.89 The number of industry-recognised vocational training courses should be increased. (6.39)
- 10.90 A suitable all-weather outdoor PE activities area should be provided. (6.40)
- 10.91 The existing wing-based PE facilities should be fully utilised. (6.41)
- 10.92 Additional toilet facilities and modesty screens should be provided for the shower and changing areas. (6.42)
- 10.93 PE lessons should be quality assured regularly to ensure that teaching practice is to a good standard. (6.43)

### **Time out of cell**

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- 10.94 Time out of cell should be advertised clearly on each wing and applied consistently to all prisoners. (6.50)
- 10.95 Time out of cell should be monitored separately for Moorland and Hatfield. (6.51)

- 10.96 Prisoners who are not on the basic regime should have access to association every day. (6.52)
- 10.97 Prisoners should be offered outdoor clothing if they wish to exercise in inclement weather. (6.53)
- 10.98 Exercise yards and association areas should be equipped with appropriate furniture and equipment. (6.54)

### **Security and rules**

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- 10.99 The practice of unlocking basic regime prisoners singly should be discontinued. (7.14)
- 10.100 Residential staff should interact with prisoners during association. (7.15)
- 10.101 Communication between the security department and the diversity team should be improved. (7.16)
- 10.102 A log should be kept of every strip-search and squat-search. (7.17)
- 10.103 Protocols with the police should ensure that prompt and effective police support is provided to any incident where there is substantial intelligence that a visitor is bringing drugs into the prison. The visitor should not be strip-searched but detained for a short period until the police arrive. (7.19)
- 10.104 The rules concerning clothing, property brought in from other prisons and restricting mail should be relaxed. (7.20)

### **Discipline: disciplinary procedures**

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- 10.105 The prison should take further action to reduce the number of adjudications. (7.30)
- 10.106 Trends and patterns in adjudications data should be analysed thoroughly and appropriate action taken in response. (7.31)

### **Discipline: the use of force**

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- 10.107 The prison should take action to reduce the number of incidents of use of force. (7.38)
- 10.108 Staff should fully record the use of de-escalation and the level of force used. (7.39)
- 10.109 Planned use of force should be video-recorded and used for monitoring and training purposes. (7.40)
- 10.110 There should be consistency in the use of restraints. (7.41)
- 10.111 The use of special accommodation should be reduced. (7.42)
- 10.112 Special accommodation should be used only for refractory prisoners, and for the minimum amount of time. (7.43)

### **Discipline: segregation unit**

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- 10.113 Prisoners entering segregation should not be routinely subjected to a strip-search. (7.54)
- 10.114 Segregation unit staff should all be trained in de-escalation, diversity, suicide prevention, mental health awareness, personality disorder and motivational interviewing. (7.55)
- 10.115 A segregation monitoring and review group should be established to provide governance of segregation procedures. (7.56)

### **Incentives and earned privileges**

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- 10.116 The basic regime should allow prisoners limited association, so that they can demonstrate improvements in behaviour. (7.64)
- 10.117 Prisoners on the basic regime should be allowed to work and attend education. (7.65)
- 10.118 A reduction in incentives and earned privileges level as a result of a single incident should only be awarded after a separate IEP review. (7.66)

### **Catering**

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- 10.119 Prisoners should be allowed to eat in association where there is sufficient communal space. (8.11)
- 10.120 The range of items on the menu should be broadened. (8.12)
- 10.121 Prisoners should be provided with breakfast on the day it is to be eaten. (8.13)
- 10.122 Prisoners should be fully consulted about their views on the food, including an annual prisoner survey, and the issues identified addressed. (8.14)
- 10.123 An impact assessment of catering, which addresses the full range of diversity, should be conducted and action taken to address issues identified. (8.15)
- 10.124 Prisoners working in the kitchen should be offered the opportunity to undertake vocational training. (8.16)

### **Prison shop**

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- 10.125 Shop order sheets and statements of prisoners' accounts should be issued in good time for corrections to be notified and implemented before purchases are ordered. (8.26)

### **Strategic management of resettlement**

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- 10.126 A broader analysis of prisoner needs should be undertaken, utilising offender assessment system (OASys) data, in order to identify the most prevalent offending related factors. This should be used to inform the resettlement strategy and action plan. (9.6)
- 10.127 Release on temporary licence should be introduced for resettlement purposes. (9.7)

## **Offender management and planning: sentence planning and offender management**

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- 10.128 Sentence plans should contain outcome-focused objectives that are measurable, with a specific timescale for their achievement. (9.18)
- 10.129 Sentence plan reviews should be timely and involve the prisoner. (9.19)
- 10.130 Quality assurance processes should be improved to ensure that all issues are identified and acted on. (9.20)

## **Offender management and planning: public protection**

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- 10.131 Reviews of offender assessment system (OASys) assessments should be carried out in line with the national standard timescale. (9.29)
- 10.132 All risk management plans should describe how the objectives of the sentence plan and other activities address the risk of harm to others and protect actual and potential victims. (9.30)

## **Resettlement pathways: education, training and employment**

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- 10.133 Prison staff should ensure that prisoners are able to attend their careers information and advice service interview. (9.43)

## **Resettlement pathways: finance, benefit and debt**

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- 10.134 Prisoners should be given the opportunity to open bank accounts. (9.48)
- 10.135 All prisoners should be assessed to establish if they have financial difficulties or debt problems, and assistance should be offered where necessary. (9.49)

## **Resettlement pathways: drugs and alcohol**

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- 10.136 A comprehensive needs analysis of the prison population should be carried out to inform the drug and alcohol strategy and future service provision. (9.63)
- 10.137 The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures. (9.64)
- 10.138 The CARAT team should monitor the number of young adults accessing the service and ensure that their needs are met. (9.65)
- 10.139 The CARAT service should develop a mechanism for service user feedback. (9.66)
- 10.140 Links between the CARAT service and the offender management unit should be formalised to ensure that substance-related work is integrated with sentence planning. (9.67)
- 10.141 Prisoners and young adults should have access to an alcohol-related offending behaviour programme. (9.68)

- 10.142 A peer support scheme should be developed to offer ongoing support to prisoners who have completed the prison addressing substance related offending (P-ASRO) programme. (9.69)
- 10.143 Compact-based drug testing of P-ASRO participants should be clearly separated from mandatory drug testing in terms of staffing and location. (9.70)

### **Resettlement pathways: children and families of offenders**

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- 10.144 Visitors should have access to a well-run, properly equipped crèche in the visits hall. (9.82)
- 10.145 A visitor survey should be carried out, based on a representative sample. The results should be used to help inform service development. (9.83)
- 10.146 All prisoners should be eligible to be considered for family days. (9.84)
- 10.147 There should be a clear strategy which describes actions and allocates responsibilities for maintaining and improving prisoners' links with families and friends. (9.85)

### **Resettlement pathways: attitudes, thinking and behaviour**

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- 10.148 A comprehensive analysis of prisoners' offending behaviour needs should be carried out and the results used to inform which programmes are delivered and how they are developed. (9.91)

## **Housekeeping points**

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### **Residential units: accommodation and facilities**

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- 10.149 Staff should check for, and report, graffiti as part of the daily cell fabric checks. (2.15)

### **Bullying and violence reduction**

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- 10.150 There should be senior management representation on the safer prisons committee. (3.11)

### **Applications and complaints**

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- 10.151 Responses to applications should be tracked and followed up if not received. (3.34)
- 10.152 Clear information, in a range of appropriate languages, about complaints and the Prisons and Probation Ombudsman should be displayed in residential areas. (3.35)

### **Legal rights**

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- 10.153 Applications to the legal services officer should be monitored and analysed. (3.41)

### **Diversity: foreign nationals**

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- 10.154 The list of staff and prisoners who can provide interpreting services should be kept current. (4.43)

### **Diversity: disability and older prisoners**

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- 10.155 The older prisoners' support officer should maintain a current record of all older prisoners and their location. (4.53)
- 10.156 The older prisoners' support officer should be given appropriate training. (4.54)

### **Health services: clinical governance**

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- 10.157 Written responses to complaints should be written legibly or typed. (5.17)

### **Health services: primary care**

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- 10.158 Clinical procedure and guidance materials should be rationalised to avoid confusion. (5.28)

### **Health services: pharmacy**

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- 10.159 Use of the measuring pump should be closely monitored to ensure accurate measurement of methadone mixture. (5.41)
- 10.160 Prescribing data should be collated and used to demonstrate value for money, and to promote effective medicines management. (5.42)
- 10.161 All prescriptions issued should be faxed through to the pharmacy, including those which do not need to be dispensed, so that the pharmacy can maintain full and accurate patient medication records. (5.43)
- 10.162 Loose tablets and tablet foils should not be present in stock. (5.44)

### **Health services: dentistry**

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- 10.163 The X-ray machine should be stored away from the sink. (5.51)
- 10.164 Comprehensive clinical records should be kept on SystemOne. (5.52)

### **Prison shop**

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- 10.165 A shop satisfaction survey should be conducted with all prisoners and action taken on the findings. (8.27)

### **Offender management and planning: sentence planning and offender management**

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- 10.166 Case files should contain a single record of all contact and activity relating to the management of the prisoner. (9.21)

### **Offender management and planning: categorisation**

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- 10.167 The appeals process should be explained in writing to prisoners who are not successful in their application for recategorisation. (9.24)

### **Offender management and planning: public protection**

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- 10.168 Analyses of risk of harm should draw on all available sources of information and evaluate factors which lead to continuing risks. (9.31)

## **Examples of good practice**

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### **Substance use: clinical management**

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- 10.169 A designated IDTS gym and individual exercise programmes had been developed which provided prisoners undertaking methadone reduction regimes with additional motivation and support. (3.62)

### **Health services: general**

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- 10.170 The policy and procedure for the management of services for older people had been derived from the Department of Health National Service Framework for older people. (5.7)

### **Health services: clinical governance**

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- 10.171 'Learning the Lessons in Offender Health' had been introduced to generalise learning from serious and untoward incidents, deaths in custody and other events. (5.18)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Sara Snell	Team leader
Andrew Rooke	Inspector
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Ian MacFadyen	Inspector
Gordon Riach	Inspector
Paul Rowlands	Inspector
Sigrid Engelen	Substance use inspector
Paul Tarbuck	Health services inspector
Steve Gascoigne	Pharmacy inspector
Martin Wall	Dental inspector
Sheila Willis	Ofsted inspector
John Grimmer	Ofsted inspector
Ian Hanscombe	Ofsted inspector
Alan Hatcher	Ofsted inspector
Helen Davies	Probation inspector
Ian Simpkins	Probation inspector
Adrienne Penfield	Guest inspector
Joe Simmonds	Researcher
Michael Skidmore	Researcher
Helen Wark	Researcher

## Appendix II: Prison population profile

*Please note: the following figures were supplied by the establishment and any errors are the establishment's own.*

Status	18–20-year-olds	21 and over	%
Sentenced	155	237	91.6
Recall	1	3	0.9
Convicted unsentenced	5	25	7
Remand	0	1	0.2
Civil prisoners	0	0	0
Detainees	0	1	0.2
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	5	25	7.0
Less than 6 months	0	0	0
6 months to less than 12 months	0	3	0.7
12 months to less than 2 years	8	21	6.8
2 years to less than 3 years	17	31	11.2
3 years to less than 4 years	19	44	14.7
4 years to less than 10 years	86	119	47.9
10 years and over (not life)	2	8	2.3
Life	29	41	16.4
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age 18		
Under 21 years	161	37.6
21 years to 29 years	160	37.4
30 years to 39 years	72	16.8
40 years to 49 years	26	6.1
50 years to 59 years	6	1.4
60 years to 69 years	3	0.7
70 plus years	0	0
Please state maximum age 64		
<b>Total</b>	<b>428</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	143	261	94.4
Foreign nationals	17	5	5.1
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A	1	0	0.2
Cat B	0	0	0
Cat C	1	234	54.9

Cat D	0	9	2.1
Other	159	24	42.8
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

Ethnicity	18–20-year-olds	21 and over	%
White			
British	102	215	74.1
Irish	0	1	0.2
Other white	2	2	0.9
Mixed			
White and black Caribbean	6	5	2.6
White and black African	4	0	0.9
White and Asian	1	0	0.2
Other mixed	0	1	0.2
Asian or Asian British			
Indian	1	2	0.7
Pakistani	5	10	3.5
Bangladeshi	3	1	0.9
Other Asian	6	6	2.8
Black or black British			
Caribbean	16	7	5.4
African	11	3	3.3
Other black	4	10	3.3
Chinese or other ethnic group			
Chinese	0	0	0
Other ethnic group	0	0	0
Not stated	0	4	0.9
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	30	69	23.1
Roman Catholic	18	34	12.1
Other Christian denominations	13	11	5.6
Muslim	27	28	12.9
Sikh	0	0	0
Hindu	1	1	0.5
Buddhist	0	3	0.7
Jewish	0	0	0
Other	0	1	0.2
No religion	71	117	43.9
<b>Total</b>	<b>161</b>	<b>267</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.5	6	1.4
1 month to 3 months	38	8.9	46	10.7
3 months to 6 months	47	11	73	17.1
6 months to 1 year	48	11.2	55	12.9
1 year to 2 years	24	5.6	72	16.8
2 years to 4 years	2	0.5	15	3.5
4 years or more	0	0	0	0
<b>Total</b>	<b>161</b>	<b>37.6</b>	<b>267</b>	<b>62.4</b>

**Unsentenced prisoners only**

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to 6 months	0	0	0	0
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Main offence	18-20-year-olds	21 and over	%
Violence against the person	Not provided	Not provided	
Sexual offences	Not provided	Not provided	
Burglary	Not provided	Not provided	
Robbery	Not provided	Not provided	
Theft and handling	Not provided	Not provided	
Fraud and forgery	Not provided	Not provided	
Drugs offences	Not provided	Not provided	
Other offences	Not provided	Not provided	
Civil offences	Not provided	Not provided	
Offence not recorded/holding warrant	Not provided	Not provided	
<b>Total</b>			

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

### Choosing the sample size

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The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 25 October 2010, the prisoner population at HMP & YOI Moorland was 801. The sample size was 206. Overall, this represented 26% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

## Methodology

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Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

## **Response rates**

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In total, 194 respondents completed and returned their questionnaires. This represented 24% of the prison population. The response rate was 94%. In addition to the three respondents who refused to complete a questionnaire, three questionnaires were not returned and six were returned blank.

## **Comparisons**

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The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Moorland in 2005.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2010 survey between the responses of those prisoners under the age of 21 and those prisoners aged 21 and over.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

## Summary

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

# Summary of prisoner survey results

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	71 (37%)
	<i>21 - 29</i> .....	60 (31%)
	<i>30 - 39</i> .....	45 (24%)
	<i>40 - 49</i> .....	12 (6%)
	<i>50 - 59</i> .....	3 (2%)
	<i>60 - 69</i> .....	0 (0%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	173 (89%)
	<i>Yes - on recall</i> .....	21 (11%)
	<i>No - awaiting trial</i> .....	0 (0%)
	<i>No - awaiting sentence</i> .....	0 (0%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>Less than 6 months</i> .....	3 (2%)
	<i>6 months to less than 1 year</i> .....	6 (3%)
	<i>1 year to less than 2 years</i> .....	19 (10%)
	<i>2 years to less than 4 years</i> .....	44 (23%)
	<i>4 years to less than 10 years</i> .....	91 (48%)
	<i>10 years or more</i> .....	6 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	16 (8%)
	<i>Life</i> .....	6 (3%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>6 months or less</i> .....	79 (45%)
	<i>More than 6 months</i> .....	97 (55%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	10 (6%)
	<i>1 to less than 3 months</i> .....	23 (13%)
	<i>3 to less than 6 months</i> .....	21 (12%)
	<i>6 to less than 12 months</i> .....	35 (19%)
	<i>12 months to less than 2 years</i> .....	53 (29%)
	<i>2 to less than 4 years</i> .....	31 (17%)
	<i>4 years or more</i> .....	8 (4%)
<b>Q1.7</b>	<b>Are you a foreign national (i.e. do not hold UK citizenship)?</b>	
	<i>Yes</i> .....	12 (7%)
	<i>No</i> .....	168 (93%)

**Q1.8 Is English your first language?**  
 Yes ..... 172 (96%)  
 No ..... 7 (4%)

**Q1.9 What is your ethnic origin?**

<i>White - British</i> .....	138 (75%)	<i>Asian or Asian British - Bangladeshi</i> .....	1 (1%)
<i>White - Irish</i> .....	1 (1%)	<i>Asian or Asian British - other</i> .....	1 (1%)
<i>White - other</i> .....	4 (2%)	<i>Mixed heritage - white and black Caribbean</i> .....	9 (5%)
<i>Black or black British - Caribbean</i> .....	12 (7%)	<i>Mixed heritage - white and black African</i> .....	3 (2%)
<i>Black or black British - African</i> ...	7 (4%)	<i>Mixed heritage - white and Asian</i> .....	1 (1%)
<i>Black or black British - other</i> .....	0 (0%)	<i>Mixed heritage - other</i> .....	0 (0%)
<i>Asian or Asian British - Indian</i> ....	0 (0%)	<i>Chinese</i> .....	0 (0%)
<i>Asian or Asian British - Pakistani</i> .....	5 (3%)	<i>Other ethnic group</i> .....	1 (1%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**  
 Yes ..... 6 (3%)  
 No ..... 166 (97%)

**Q1.11 What is your religion?**

<i>None</i> .....	71 (39%)	<i>Hindu</i> .....	1 (1%)
<i>Church of England</i> .....	62 (34%)	<i>Jewish</i> .....	0 (0%)
<i>Catholic</i> .....	23 (13%)	<i>Muslim</i> .....	12 (7%)
<i>Protestant</i> .....	3 (2%)	<i>Sikh</i> .....	0 (0%)
<i>Other Christian denomination</i> .	8 (4%)	<i>Other</i> .....	3 (2%)
<i>Buddhist</i> .....	0 (0%)		

**Q1.12 How would you describe your sexual orientation?**

<i>Heterosexual/straight</i> .....	191 (99%)
<i>Homosexual/gay</i> .....	0 (0%)
<i>Bisexual</i> .....	1 (1%)
<i>Other</i> .....	1 (1%)

**Q1.13 Do you consider yourself to have a disability?**  
 Yes ..... 30 (16%)  
 No ..... 161 (84%)

**Q1.14 How many times have you been in prison before?**

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
49 (25%)	24 (12%)	67 (35%)	54 (28%)

**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
9 (5%)	167 (86%)	18 (9%)

<b>Q1.16</b>	<b>Do you have any children under the age of 18?</b>	
	Yes .....	78 (40%)
	No .....	116 (60%)

## Section 2: Courts, transfers and escorts

**Q2.1** We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	6 (3%)	79 (43%)	35 (19%)	36 (20%)	16 (9%)	11 (6%)	0 (0%)
Your personal safety during the journey?	13 (7%)	109 (62%)	24 (14%)	17 (10%)	7 (4%)	7 (4%)	0 (0%)
The comfort of the van?	3 (2%)	23 (13%)	13 (7%)	74 (41%)	62 (35%)	4 (2%)	0 (0%)
The attention paid to your health needs?	5 (3%)	43 (25%)	49 (28%)	32 (18%)	25 (14%)	9 (5%)	10 (6%)
The frequency of toilet breaks?	0 (0%)	12 (7%)	25 (14%)	35 (19%)	67 (37%)	11 (6%)	30 (17%)

**Q2.2** How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
43 (23%)	76 (42%)	50 (27%)	12 (7%)	2 (1%)

**Q2.3** How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
15 (8%)	94 (52%)	47 (26%)	15 (8%)	4 (2%)	7 (4%)

**Q2.4** Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	150 (82%)	29 (16%)	3 (2%)
Before you arrived here did you receive any written information about what would happen to you?	27 (15%)	146 (82%)	6 (3%)
When you first arrived here did your property arrive at the same time as you?	163 (91%)	14 (8%)	2 (1%)

## Section 3: Reception, first night and induction

**Q3.1** In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these.....</i>	56 (30%)	<i>Money worries.....</i>	15 (8%)
<i>Loss of property.....</i>	21 (11%)	<i>Feeling depressed or suicidal..</i>	74 (40%)
<i>Housing problems.....</i>	24 (13%)	<i>Health problems.....</i>	89 (48%)

Contacting employers .....	12 (7%)	Needing protection from other prisoners .....	22 (12%)
Contacting family.....	65 (35%)	Accessing phone numbers.....	66 (36%)
Ensuring dependants were being looked after .....	16 (9%)	Other.....	4 (2%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<b>Didn't have any problems</b> .....	52 (31%)	Money worries.....	26 (15%)
Loss of property.....	37 (22%)	Feeling depressed or suicidal..	23 (14%)
Housing problems.....	35 (21%)	Health problems.....	42 (25%)
Contacting employers .....	7 (4%)	Needing protection from other prisoners .....	15 (9%)
Contacting family.....	53 (32%)	Accessing phone numbers.....	57 (34%)
Ensuring dependants were looked after .....	7 (4%)	Other.....	3 (2%)

**Q3.3 Please answer the following questions about reception:**

	Yes	No	Don't remember
Were you seen by a member of health services?	163 (84%)	24 (12%)	7 (4%)
When you were searched, was this carried out in a respectful way?	132 (69%)	47 (25%)	11 (6%)

**Q3.4 Overall, how well did you feel you were treated in reception?**

Very well	Well	Neither	Badly	Very badly	Don't remember
12 (6%)	80 (42%)	55 (29%)	32 (17%)	10 (5%)	3 (2%)

**Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**

Information about what was going to happen to you .....	72 (39%)
Information about what support was available for people feeling depressed or suicidal .....	89 (48%)
Information about how to make routine requests .....	70 (38%)
Information about your entitlement to visits.....	95 (51%)
Information about health services .....	101 (54%)
Information about the chaplaincy .....	104 (56%)
<b>Not offered anything</b> .....	36 (19%)

**Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**

A smokers/non-smokers pack.....	174 (95%)
The opportunity to have a shower.....	51 (28%)
The opportunity to make a free telephone call.....	82 (45%)
Something to eat.....	118 (64%)
<b>Did not receive anything</b> .....	3 (2%)

**Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**

Chaplain or religious leader .....	84 (47%)
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Someone from health services .....	137 (77%)
A Listener/Samaritans.....	95 (53%)
<b>Did not meet any of these people.....</b>	<b>21 (12%)</b>

**Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**

Yes .....	14 (8%)
No.....	169 (92%)

**Q3.9 Did you feel safe on your first night here?**

Yes .....	141 (77%)
No.....	33 (18%)
Don't remember.....	9 (5%)

**Q3.10 How soon after your arrival did you go on an induction course?**

<b>Have not been on an induction course.....</b>	<b>23 (13%)</b>
Within the first week .....	96 (52%)
More than a week .....	54 (29%)
Don't remember.....	11 (6%)

**Q3.11 Did the induction course cover everything you needed to know about the prison?**

<b>Have not been on an induction course.....</b>	<b>23 (13%)</b>
Yes .....	76 (42%)
No.....	62 (34%)
Don't remember.....	21 (12%)

#### Section 4: Legal rights and respectful custody

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	10 (5%)	47 (26%)	30 (16%)	67 (36%)	19 (10%)	11 (6%)
Attend legal visits?	11 (6%)	85 (47%)	33 (18%)	22 (12%)	5 (3%)	23 (13%)
Obtain bail information?	4 (2%)	16 (10%)	34 (20%)	25 (15%)	16 (10%)	73 (43%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

<b>Not had any letters .....</b>	<b>30 (16%)</b>
Yes .....	94 (50%)
No.....	65 (34%)

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	94 (49%)	91 (48%)	3 (2%)	2 (1%)
Are you normally able to have a shower every day?	139 (73%)	51 (27%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	142 (76%)	37 (20%)	5 (3%)	4 (2%)
Do you normally get cell cleaning materials every week?	72 (38%)	113 (60%)	3 (2%)	0 (0%)
Is your cell call bell normally answered within five minutes?	41 (22%)	122 (66%)	18 (10%)	4 (2%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	115 (62%)	66 (36%)	2 (1%)	2 (1%)
Can you normally get your stored property if you need to?	45 (24%)	90 (48%)	45 (24%)	9 (5%)

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
2 (1%)	17 (9%)	45 (24%)	64 (34%)	62 (33%)

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**

<i>Have not bought anything yet</i> .....	1 (1%)
Yes.....	85 (44%)
No.....	106 (55%)

**Q4.6 Is it easy or difficult to get either:**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	69 (37%)	88 (47%)	10 (5%)	8 (4%)	4 (2%)	9 (5%)
An application form	60 (34%)	84 (47%)	12 (7%)	14 (8%)	7 (4%)	2 (1%)

**Q4.7 Have you made an application?**

Yes.....	177 (93%)
No.....	13 (7%)

**Q4.8 Please answer the following questions concerning applications:**

*(If you have not made an application please tick the 'not made one' option.)*

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	13 (7%)	86 (48%)	82 (45%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	13 (7%)	67 (38%)	95 (54%)

**Q4.9 Have you made a complaint?**

Yes.....	111 (61%)
No.....	72 (39%)

**Q4.10 Please answer the following questions concerning complaints:**

*(If you have not made a complaint please tick the 'not made one' option.)*

	<b>Not made one</b>	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	72 (40%)	26 (15%)	80 (45%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	72 (40%)	37 (21%)	70 (39%)
Were you given information about how to make an appeal?	48 (28%)	45 (26%)	78 (46%)

**Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**

<b>Not made a complaint</b> .....	72 (40%)
Yes .....	27 (15%)
No.....	81 (45%)

**Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
44 (25%)	6 (3%)	41 (23%)	41 (23%)	29 (16%)	15 (9%)

**Q4.13 What level of the IEP scheme are you on now?**

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
<i>Enhanced</i> .....	87 (49%)
<i>Standard</i> .....	86 (48%)
<i>Basic</i> .....	4 (2%)
<i>Don't know</i> .....	0 (0%)

**Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?**

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
Yes .....	105 (59%)
No .....	59 (33%)
<i>Don't know</i> .....	13 (7%)

**Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**

<b>Don't know what the IEP scheme is</b> .....	2 (1%)
Yes .....	80 (45%)
No.....	79 (45%)
<i>Don't know</i> .....	16 (9%)

**Q4.16 Please answer the following questions about this prison:**

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	21 (11%)	166 (89%)
In the last six months have you spent a night in the segregation/care and separation unit?	33 (18%)	153 (82%)

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs:</b>			
		Yes	No	<i>Don't know/N/A</i>
	Do you feel your religious beliefs are respected?	77 (41%)	34 (18%)	77 (41%)
	Are you able to speak to a religious leader of your faith in private if you want to?	91 (49%)	16 (9%)	78 (42%)
<b>Q4.18</b>	<b>Can you speak to a Listener at any time if you want to?</b>			
	Yes	No	<i>Don't know</i>	
	99 (52%)	17 (9%)	75 (39%)	
<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison:</b>			
		Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	111 (60%)	75 (40%)	
	Do <b>most</b> staff treat you with respect?	106 (57%)	79 (43%)	

### Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>		
	Yes .....	66 (36%)	
	No .....	116 (64%)	
<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>		
	Yes .....	32 (18%)	
	No .....	149 (82%)	
<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>		
	<b>Never felt unsafe</b> .....	116 (66%)	<i>At mealtimes</i> ..... 15 (9%)
	<i>Everywhere</i> .....	16 (9%)	<i>At health services</i> ..... 5 (3%)
	<i>Segregation unit</i> .....	7 (4%)	<i>Visit's area</i> .....
	<i>Association areas</i> .....	27 (15%)	<i>In wing showers</i> ..... 30 (17%)
	<i>Reception area</i> .....	4 (2%)	<i>In gym showers</i> ..... 15 (9%)
	<i>At the gym</i> .....	17 (10%)	<i>In corridors/stairwells</i> ..... 18 (10%)
	<i>In an exercise yard</i> .....	27 (15%)	<i>On your landing/wing</i> ..... 23 (13%)
	<i>At work</i> .....	20 (11%)	<i>In your cell</i> .....
	<i>During movement</i> .....	25 (14%)	<i>At religious services</i> ..... 6 (3%)
	<i>At education</i> .....	10 (6%)	
<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>		
	Yes .....	29 (16%)	
	No .....	155 (84%)	<b>If No, go to question 5.6</b>
<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>		
	<i>Insulting remarks (about you or your family or friends).....</i>	14 (8%)	<i>Because of your sexuality</i> ..... 0 (0%)

<i>Physical abuse (being hit, kicked or assaulted).....</i>	9 (5%)	<i>Because you have a disability.</i>	3 (2%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your religion/religious beliefs.....</i>	2 (1%)
<i>Because of your race or ethnic origin.....</i>	8 (4%)	<i>Because of your age.....</i>	2 (1%)
<i>Because of drugs.....</i>	3 (2%)	<i>Being from a different part of the country than others.....</i>	11 (6%)
<i>Having your canteen/property taken.....</i>	13 (7%)	<i>Because of your offence/crime</i>	2 (2%)
<i>Because you were new here...</i>	10 (5%)	<i>Because of gang related issues.....</i>	6 (3%)

**Q5.6 Have you been victimised by a member of staff or group of staff here?**

Yes.....	51 (27%)	<b>If No, go to question 5.8</b>
No.....	138 (73%)	

**Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends).....</i>	28 (15%)	<i>Because you have a disability.</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	7 (4%)	<i>Because of your religion/religious beliefs.....</i>	7 (4%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	4 (2%)
<i>Because of your race or ethnic origin.....</i>	11 (6%)	<i>Being from a different part of the country than others.....</i>	13 (7%)
<i>Because of drugs.....</i>	8 (4%)	<i>Because of your offence/crime</i>	4 (2%)
<i>Because you were new here...</i>	11 (6%)	<i>Because of gang related issues.....</i>	7 (4%)
<i>Because of your sexuality.....</i>	1 (1%)		

**Q5.8 If you have been victimised by prisoners or staff, did you report it?**

<b>Not been victimised</b> .....	127 (69%)
Yes.....	25 (14%)
No.....	33 (18%)

**Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**

Yes.....	52 (28%)
No.....	135 (72%)

**Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**

Yes.....	54 (29%)
No.....	134 (71%)

**Q5.11 Is it easy or difficult to get illegal drugs in this prison?**

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
20 (11%)	26 (14%)	18 (10%)	15 (8%)	21 (11%)	89 (47%)

## Section 6: Health services

### Q6.1 How easy or difficult is it to see the following people?

	<b>Don't know</b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	21 (12%)	10 (6%)	47 (26%)	20 (11%)	69 (39%)	12 (7%)
The nurse	16 (9%)	31 (18%)	75 (42%)	17 (10%)	32 (18%)	6 (3%)
The dentist	32 (18%)	4 (2%)	14 (8%)	11 (6%)	56 (32%)	59 (34%)
The optician	56 (32%)	5 (3%)	17 (10%)	19 (11%)	41 (24%)	36 (21%)

### Q6.2 Are you able to see a pharmacist?

Yes .....	70 (43%)
No .....	93 (57%)

### Q6.3 What do you think of the quality of the health service from the following people?

	<b>Not been</b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	26 (15%)	13 (7%)	61 (34%)	27 (15%)	35 (20%)	15 (8%)
The nurse	24 (14%)	17 (10%)	70 (40%)	28 (16%)	27 (15%)	10 (6%)
The dentist	60 (34%)	7 (4%)	27 (15%)	23 (13%)	33 (19%)	25 (14%)
The optician	87 (51%)	5 (3%)	18 (11%)	23 (14%)	19 (11%)	18 (11%)

### Q6.4 What do you think of the overall quality of the health services here?

<b>Not been</b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
20 (11%)	7 (4%)	47 (27%)	35 (20%)	43 (24%)	24 (14%)

### Q6.5 Are you currently taking medication?

Yes .....	75 (42%)
No .....	104 (58%)

### Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<b>Not taking medication</b> .....	104 (58%)
Yes .....	43 (24%)
No .....	31 (17%)

### Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes .....	49 (27%)
No .....	130 (73%)

### Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<b>Do not have any issues/not receiving any help</b> .....	138 (80%)
<i>Doctor</i> .....	20 (12%)
<i>Nurse</i> .....	9 (5%)
<i>Psychiatrist</i> .....	11 (6%)
<i>Mental health in-reach team</i> .....	15 (9%)
<i>Counsellor</i> .....	7 (4%)
<i>Other</i> .....	6 (3%)

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
			Yes	No
	Drugs		56 (31%)	126 (69%)
	Alcohol		37 (22%)	133 (78%)
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....			12 (6%)
	No .....			174 (94%)
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....			71 (39%)
	No .....			4 (2%)
	<b><i>Did not/do not have a drug or alcohol problem</i></b> .....			107 (59%)
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>			
	Yes .....			64 (35%)
	No .....			13 (7%)
	<b><i>Did not/do not have a drug or alcohol problem</i></b> .....			107 (58%)
<b>Q6.13</b>	<b>Was the intervention or help you received, while in this prison, helpful?</b>			
	Yes .....			47 (27%)
	No .....			22 (13%)
	<b><i>Did not have a problem/have not received help</i></b> .....			107 (61%)
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
			Yes	No
	Drugs		17 (9%)	139 (77%)
	Alcohol		15 (8%)	140 (78%)
				25 (14%)
				24 (13%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....			35 (19%)
	No .....			18 (10%)
	N/A .....			134 (72%)

### Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>	
	Prison job .....	106 (60%)
	Vocational or skills training .....	26 (15%)
	Education (including basic skills) .....	38 (21%)
	Offending behaviour programmes .....	33 (19%)
	<b><i>Not involved in any of these</i></b> .....	36 (20%)

**Q7.2 If you have been involved in any of the following, while in this prison, do you think it will help you on release?**

	<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Prison job	28 (19%)	52 (35%)	56 (38%)	11 (7%)
Vocational or skills training	39 (32%)	52 (42%)	19 (15%)	13 (11%)
Education (including basic skills)	37 (29%)	58 (46%)	20 (16%)	11 (9%)
Offending behaviour programmes	35 (28%)	58 (46%)	25 (20%)	8 (6%)

**Q7.3 How often do you go to the library?**

<b>Don't want to go</b> .....	29 (16%)
<i>Never</i> .....	36 (20%)
<i>Less than once a week</i> .....	50 (28%)
<i>About once a week</i> .....	54 (31%)
<i>More than once a week</i> .....	3 (2%)
<i>Don't know</i> .....	5 (3%)

**Q7.4 On average how many times do you go to the gym each week?**

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
27 (15%)	19 (11%)	48 (27%)	42 (23%)	38 (21%)	1 (1%)	4 (2%)

**Q7.5 On average how many times do you go outside for exercise each week?**

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
23 (13%)	22 (13%)	60 (34%)	25 (14%)	41 (23%)	5 (3%)

**Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)**

<i>Less than 2 hours</i> .....	41 (23%)
<i>2 to less than 4 hours</i> .....	18 (10%)
<i>4 to less than 6 hours</i> .....	43 (24%)
<i>6 to less than 8 hours</i> .....	45 (25%)
<i>8 to less than 10 hours</i> .....	12 (7%)
<i>10 hours or more</i> .....	5 (3%)
<i>Don't know</i> .....	13 (7%)

**Q7.7 On average, how many times do you have association each week?**

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
0 (0%)	1 (1%)	13 (7%)	44 (25%)	115 (65%)	4 (2%)

**Q7.8 How often do staff normally speak to you during association time?**

<b>Do not go on association</b> .....	2 (1%)
<i>Never</i> .....	61 (32%)
<i>Rarely</i> .....	56 (30%)
<i>Some of the time</i> .....	52 (28%)
<i>Most of the time</i> .....	15 (8%)
<i>All of the time</i> .....	2 (1%)

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....					78 (42%)
	<i>In the first week</i> .....					41 (22%)
	<i>More than a week</i> .....					41 (22%)
	<i>Don't remember</i> .....					27 (14%)
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	78 (42%)	21 (11%)	27 (15%)	27 (15%)	24 (13%)	9 (5%)
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....					0 (0%)
	<i>Yes</i> .....					149 (80%)
	<i>No</i> .....					38 (20%)
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					38 (20%)
	<i>Very involved</i> .....					30 (16%)
	<i>Involved</i> .....					55 (30%)
	<i>Neither</i> .....					19 (10%)
	<i>Not very involved</i> .....					26 (14%)
	<i>Not at all involved</i> .....					18 (10%)
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					38 (20%)
	<i>Yes</i> .....					120 (65%)
	<i>No</i> .....					28 (15%)
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....					38 (21%)
	<i>Yes</i> .....					53 (29%)
	<i>No</i> .....					89 (49%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?</b>					
	<i>Not sentenced</i> .....					0 (0%)
	<i>Yes</i> .....					58 (33%)
	<i>No</i> .....					120 (67%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....					24 (13%)
	<i>No</i> .....					156 (87%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>					
	<i>Yes</i> .....					116 (64%)

No..... 49 (27%)  
 Don't know..... 15 (8%)

**Q8.10 Have you had any problems getting access to the telephones?**

Yes ..... 71 (39%)  
 No..... 108 (60%)  
 Don't know..... 1 (1%)

**Q8.11 Did you have a visit in the first week that you were here?**

*Not been here a week yet* ..... 8 (4%)  
 Yes ..... 73 (41%)  
 No..... 88 (49%)  
 Don't remember..... 10 (6%)

**Q8.12 How many visits did you receive in the last week?**

<i>Not been in a week</i>	0	1 to 2	3 to 4	5 or more
8 (5%)	100 (57%)	63 (36%)	3 (2%)	1 (1%)

**Q8.13 How are you and your family/friends usually treated by visits staff?**

*Not had any visits*..... 48 (27%)  
 Very well..... 6 (3%)  
 Well ..... 39 (22%)  
 Neither ..... 42 (23%)  
 Badly ..... 15 (8%)  
 Very badly ..... 4 (2%)  
 Don't know..... 25 (14%)

**Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**

Yes ..... 53 (30%)  
 No..... 126 (70%)

**Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**

<i>Don't know who to contact</i> .. 107 (63%)	<i>Help with your finances in preparation for release</i> ..... 23 (14%)
<i>Maintaining good relationships</i> 15 (9%)	<i>Claiming benefits on release</i> ... 38 (22%)
<i>Avoiding bad relationships</i> ..... 15 (9%)	<i>Arranging a place at college/continuing education on release</i> ..... 27 (16%)
<i>Finding a job on release</i> ..... 37 (22%)	<i>Continuity of health services on release</i> ..... 26 (15%)
<i>Finding accommodation on release</i> ..... 46 (27%)	<i>Opening a bank account</i> ..... 22 (13%)

**Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**

*No problems*..... 57 (32%) *Help with your finances in preparation for release* ..... 49 (27%)

<i>Maintaining good relationships</i>	24 (13%)	<i>Claiming benefits on release ...</i>	52 (29%)
<i>Avoiding bad relationships .....</i>	23 (13%)	<i>Arranging a place at college/continuing education on release.....</i>	36 (20%)
<i>Finding a job on release .....</i>	96 (54%)	<i>Continuity of health services on release.....</i>	25 (14%)
<i>Finding accommodation on release.....</i>	65 (36%)	<i>Opening a bank account .....</i>	58 (32%)

**Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**

<i>Not sentenced.....</i>	0 (0%)
<i>Yes .....</i>	79 (44%)
<i>No.....</i>	101 (56%)

**Thank you for completing this survey.**

## Main comparator and comparator to last time



### Prisoner survey responses HMP Moorland (closed) 2010

**Prisoner survey responses** (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		HMP Moorland (Closed) 2010	Category C trainer comparator	HMP Moorland (Closed) 2010	HMP Moorland (Closed) 2005
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		194	4480	194	178
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	37%	1%	37%	39%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	11%	10%	11%	0%
4a	Is your sentence less than 12 months?	5%	5%	5%	4%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	6%	8%	
5	Do you have six months or less to serve?	45%	37%	45%	29%
6	Have you been in this prison less than a month?	6%	6%	6%	
7	Are you a foreign national?	7%	12%	7%	6%
8	Is English your first language?	96%	90%	96%	96%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	22%	26%	22%	20%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	4%	
11	Are you Muslim?	7%	11%	7%	
12	Are you homosexual/gay or bisexual?	1%	4%	1%	
13	Do you consider yourself to have a disability?	16%	15%	16%	
14	Is this your first time in prison?	25%	34%	25%	36%
15	Have you been in more than five prisons this time?	9%	15%	9%	
16	Do you have any children under the age of 18?	40%	54%	40%	42%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	46%	54%	46%	40%
1b	Was your personal safety during the journey good/very good?	69%	62%	69%	69%
1c	Was the comfort of the van good/very good?	15%	18%	15%	13%
1d	Was the attention paid to your health needs good/very good?	28%	32%	28%	35%
1e	Was the frequency of toilet breaks good/very good?	7%	13%	7%	14%
2	Did you spend more than four hours in the van?	7%	8%	7%	6%
3	Were you treated well/very well by the escort staff?	60%	67%	60%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	82%	83%	82%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	15%	18%	15%	15%
4c	When you first arrived here did your property arrive at the same time as you?	91%	88%	91%	87%

## Main comparator and comparator to last time

### Key to tables

	Any percent highlighted in green is significantly better	HMP Moorland (Closed) 2010	Category C trainer comparator	HMP Moorland (Closed) 2010	HMP Moorland (Closed) 2005
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	11%	14%	11%	
<b>1c</b>	Housing problems?	13%	19%	13%	
<b>1d</b>	Problems contacting employers?	7%	10%	7%	
<b>1e</b>	Problems contacting family?	35%	44%	35%	
<b>1f</b>	Problems ensuring dependants were looked after?	9%	12%	9%	
<b>1g</b>	Money problems?	8%	16%	8%	
<b>1h</b>	Problems of feeling depressed/suicidal?	40%	47%	40%	
<b>1i</b>	Health problems?	48%	59%	48%	
<b>1j</b>	Problems in needing protection from other prisoners?	12%	17%	12%	
<b>1k</b>	Problems accessing phone numbers?	36%	35%	36%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	69%	60%	69%	53%
<b>2b</b>	Did you have any problems with loss of property?	22%	15%	22%	8%
<b>2c</b>	Did you have any housing problems?	21%	16%	21%	8%
<b>2d</b>	Did you have any problems contacting employers?	4%	4%	4%	3%
<b>2e</b>	Did you have any problems contacting family?	32%	21%	32%	27%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	4%	5%	4%	1%
<b>2g</b>	Did you have any money worries?	15%	15%	15%	15%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	14%	14%	14%	9%
<b>2i</b>	Did you have any health problems?	25%	20%	25%	9%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	9%	5%	9%	2%
<b>2k</b>	Did you have problems accessing phone numbers?	34%	21%	34%	
<b>3a</b>	Were you seen by a member of health services in reception?	84%	89%	84%	88%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	69%	77%	69%	71%
<b>4</b>	Were you treated well/very well in reception?	48%	71%	48%	63%
<b>5</b>	On your day of arrival, were you offered any of the following information:				
<b>5a</b>	Information about what was going to happen to you?	39%	52%	39%	56%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	48%	46%	48%	55%
<b>5c</b>	Information about how to make routine requests?	38%	41%	38%	37%
<b>5d</b>	Information about your entitlement to visits?	51%	46%	51%	54%
<b>5e</b>	Information about health services?	54%	61%	54%	
<b>5f</b>	Information about the chaplaincy?	56%	52%	56%	

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	95%	82%	95%	92%
<b>6b</b>	The opportunity to have a shower?	28%	41%	28%	36%
<b>6c</b>	The opportunity to make a free telephone call?	45%	48%	45%	43%
<b>6d</b>	Something to eat?	64%	77%	64%	77%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	47%	47%	47%	53%
<b>7b</b>	Someone from health services?	77%	75%	77%	57%
<b>7c</b>	A Listener/Samaritans?	53%	29%	53%	24%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	8%	22%	8%	12%
<b>9</b>	Did you feel safe on your first night here?	77%	83%	77%	87%
<b>10</b>	Have you been on an induction course?	88%	93%	88%	98%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	48%	65%	48%	60%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	31%	51%	31%	
<b>1b</b>	Attend legal visits?	54%	55%	54%	
<b>1c</b>	Obtain bail information?	12%	18%	12%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	41%	50%	38%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	50%	61%	50%	53%
<b>3b</b>	Are you normally able to have a shower every day?	73%	94%	73%	73%
<b>3c</b>	Do you normally receive clean sheets every week?	76%	81%	76%	86%
<b>3d</b>	Do you normally get cell cleaning materials every week?	38%	76%	38%	55%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	22%	41%	22%	37%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	70%	62%	69%
<b>3g</b>	Can you normally get your stored property, if you need to?	24%	30%	24%	20%
<b>4</b>	Is the food in this prison good/very good?	10%	30%	10%	15%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	46%	44%	41%
<b>6a</b>	Is it easy/very easy to get a complaints form?	84%	86%	84%	77%
<b>6b</b>	Is it easy/very easy to get an application form?	80%	90%	80%	82%
<b>7</b>	Have you made an application?	93%	88%	93%	78%

## Main comparator and comparator to last time

### Key to tables

Key to tables		HMP Moorland (Closed) 2010	Category C trainer comparator	HMP Moorland (Closed) 2010	HMP Moorland (Closed) 2005
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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	51%	60%	51%	64%
8b	Do you feel applications are dealt with promptly (within seven days)?	41%	52%	41%	67%
9	Have you made a complaint?	61%	56%	61%	50%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	35%	25%	34%
10b	Do you feel complaints are dealt with promptly (within seven days)?	35%	40%	35%	45%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	24%	25%	20%
10c	Were you given information about how to make an appeal?	26%	31%	26%	22%
12	Is it easy/very easy to see the Independent Monitoring Board?	27%	38%	27%	30%
13	Are you on the enhanced (top) level of the IEP scheme?	49%	62%	49%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	58%	59%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	48%	45%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	5%	11%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	10%	18%	
13a	Do you feel your religious beliefs are respected?	41%	55%	41%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	59%	49%	55%
14	Are you able to speak to a Listener at any time if you want to?	52%	62%	52%	49%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	74%	60%	67%
15b	Do most staff, in this prison, treat you with respect?	57%	74%	57%	73%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	36%	30%	36%	27%
2	Do you feel unsafe in this prison at the moment?	18%	14%	18%	
4	Have you been victimised by another prisoner?	16%	19%	16%	18%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	10%	8%	8%
5b	Hit, kicked or assaulted you?	5%	5%	5%	6%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	1%
5e	Victimised you because of drugs?	2%	3%	2%	1%
5f	Taken your canteen/property?	7%	4%	7%	1%
5g	Victimised you because you were new here?	5%	4%	5%	6%
5h	Victimised you because of your sexuality?	0%	1%	0%	
5i	Victimised you because you have a disability?	2%	2%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	6%	5%	6%	4%
5m	Victimised you because of your offence/crime?	1%	3%	1%	
5n	Victimised you because of gang related issues?	3%	3%	3%	

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	27%	22%	27%	19%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	15%	10%	15%	10%
<b>7b</b>	Hit, kicked or assaulted you?	4%	2%	4%	4%
<b>7c</b>	Sexually abused you?	1%	1%	1%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	6%	5%	6%	4%
<b>7e</b>	Victimised you because of drugs?	4%	3%	4%	0%
<b>7f</b>	Victimised you because you were new here?	6%	4%	6%	5%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	
<b>7h</b>	Victimised you because you have a disability?	1%	2%	1%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	4%	3%	4%	
<b>7j</b>	Victimised you because of your age?	2%	1%	2%	
<b>7k</b>	Victimised you because you were from a different part of the country?	7%	4%	7%	6%
<b>7l</b>	Victimised you because of your offence/crime?	2%	4%	2%	
<b>7m</b>	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	43%	39%	43%	29%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	21%	28%	19%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	29%	18%	29%	11%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	24%	34%	24%	19%
<b>SECTION 6: Health care</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	32%	41%	32%	
<b>1b</b>	Is it easy/very easy to see the nurse?	60%	64%	60%	
<b>1c</b>	Is it easy/very easy to see the dentist?	10%	15%	10%	
<b>1d</b>	Is it easy/very easy to see the optician?	13%	18%	13%	
<b>2</b>	Are you able to see a pharmacist?	43%	54%	43%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	49%	53%	49%	44%
<b>3b</b>	The nurse?	57%	66%	57%	53%
<b>3c</b>	The dentist?	30%	45%	30%	31%
<b>3d</b>	The optician?	28%	47%	28%	38%
<b>4</b>	The overall quality of health services?	35%	47%	35%	36%

## Main comparator and comparator to last time

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<b>health care continued</b>					
<b>5</b>	Are you currently taking medication?	42%	43%	42%	
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	58%	89%	58%	
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	27%	25%	27%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	21%	35%	21%	
<b>8b</b>	A doctor?	45%	32%	45%	
<b>8c</b>	A nurse?	21%	18%	21%	
<b>8d</b>	A psychiatrist?	26%	17%	26%	
<b>8e</b>	The mental health in-reach team?	33%	32%	33%	
<b>8f</b>	A counsellor?	17%	10%	17%	
<b>9a</b>	Did you have a drug problem when you came into this prison?	31%	19%	31%	7%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	22%	12%	22%	4%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	7%	10%	7%	
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	95%	87%	95%	
<b>12</b>	Have you received any help or intervention while in this prison?	83%	77%	83%	
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	68%	74%	68%	
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	23%	22%	23%	13%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	22%	16%	22%	16%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	66%	58%	66%	39%

## Main comparator and comparator to last time

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<b>SECTION 7: Purposeful activity</b>					
<b>1</b>	Are you currently involved in any of the following activities:				
<b>1a</b>	A prison job?	60%	64%	60%	
<b>1b</b>	Vocational or skills training?	15%	19%	15%	
<b>1c</b>	Education (including basic skills)?	22%	31%	22%	
<b>1d</b>	Offending behaviour programmes?	19%	17%	19%	
<b>2ai</b>	Have you had a job while in this prison?	81%	87%	81%	
For those who have had a prison job while in this prison:					
<b>2aii</b>	Do you feel the job will help you on release?	44%	46%	44%	
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	68%	77%	68%	
For those who have had vocational or skills training while in this prison:					
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	62%	65%	62%	
<b>2ci</b>	Have you been involved in education while in this prison?	71%	83%	71%	
For those who have been involved in education while in this prison:					
<b>2cii</b>	Do you feel the education will help you on release?	65%	68%	65%	
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	72%	75%	72%	
For those who have been involved in offending behaviour programmes while in this prison:					
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	64%	60%	64%	
<b>3</b>	Do you go to the library at least once a week?	32%	47%	32%	33%
<b>4</b>	On average, do you go to the gym at least twice a week?	45%	54%	45%	47%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	38%	52%	38%	26%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	3%	15%	3%	7%
<b>7</b>	On average, do you go on association more than five times each week?	65%	76%	65%	67%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	9%	19%	9%	14%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	58%	75%	58%	47%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	44%	63%	44%	55%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	80%	66%	80%	72%
For those with a sentence plan?					
<b>4</b>	Were you involved/very involved in the development of your plan?	57%	59%	57%	66%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	81%	70%	81%	
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	37%	37%	37%	
For those who are sentenced:					
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	33%	32%	33%	
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	13%	18%	13%	
<b>9</b>	Have you had any problems with sending or receiving mail?	65%	38%	65%	39%
<b>10</b>	Have you had any problems getting access to the telephones?	39%	20%	39%	36%
<b>11</b>	Did you have a visit in the first week that you were here?	41%	22%	41%	49%
<b>12</b>	Did you receive one or more visits in the last week?	38%	31%	38%	

## Main comparator and comparator to last time

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<b>Resettlement continued</b>				
For those who have had visits:				
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	34%	54%	34%
14	Have you been helped to maintain contact with family/friends while in this prison?	30%	38%	30%
15	Do you know who to contact within this prison to get help with the following:			
15b	Maintaining good relationships?	9%	18%	9%
15c	Avoiding bad relationships?	9%	13%	9%
15d	Finding a job on release?	22%	40%	22%
15e	Finding accommodation on release?	27%	42%	27%
15f	With money/finances on release?	14%	29%	14%
15g	Claiming benefits on release?	22%	42%	22%
15h	Arranging a place at college/continuing education on release?	16%	28%	16%
15i	Accessing health services on release?	15%	31%	15%
15j	Opening a bank account on release?	13%	28%	13%
16	Do you think you will have a problem with any of the following on release from prison?			
16b	Maintaining good relationships?	13%	11%	13%
16c	Avoiding bad relationships?	13%	12%	13%
16d	Finding a job?	54%	44%	54%
16e	Finding accommodation?	36%	39%	36%
16f	Money/finances?	27%	35%	27%
16g	Claiming benefits?	29%	28%	29%
16h	Arranging a place at college/continuing education?	20%	21%	20%
16i	Accessing health services?	14%	17%	14%
16j	Opening a bank account?	32%	32%	32%
For those who are sentenced:				
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	56%	44%

## Diversity Analysis



### Key question responses (ethnicity) HMP Moorland (closed) 2010

**Prisoner survey responses** (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>40</b>	<b>143</b>
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	18%	4%
1.8	Is English your first language?	85%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
1.11	Are you Muslim?	30%	0%
1.12	Do you consider yourself to have a disability?	10%	16%
1.13	Is this your first time in prison?	38%	23%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	46%	24%
2.3	Were you treated well/very well by the escort staff?	69%	58%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	85%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	38%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	35%	41%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	47%
3.2a	Did you have any problems when you first arrived?	72%	68%
3.3a	Were you seen by a member of health care staff in reception?	90%	82%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74%	68%
3.4	Were you treated well/very well in reception?	50%	46%
3.7b	Did you have access to someone from health care within the first 24 hours?	70%	79%
3.9	Did you feel safe on your first night here?	73%	79%
3.10	Have you been on an induction course?	90%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	32%

## Diversity Analysis

### Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	60%	47%
4.3b	Are you normally able to have a shower every day?	65%	75%
4.3e	Is your cell call bell normally answered within five minutes?	30%	18%
4.4	Is the food in this prison good/very good?	10%	9%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	45%
4.6a	Is it easy/very easy to get a complaints form?	84%	83%
4.6b	Is it easy/very easy to get an application form?	78%	81%
4.9	Have you made a complaint?	53%	62%
4.13	Are you on the enhanced (top) level of the IEP scheme?	60%	45%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	58%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	46%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	12%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	18%
4.17a	Do you feel your religious beliefs are respected?	48%	39%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	54%	46%
4.18	Are you able to speak to a Listener at any time if you want to?	42%	53%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	62%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	54%	57%
5.1	Have you ever felt unsafe in this prison?	38%	36%
5.2	Do you feel unsafe in this prison at the moment?	20%	17%
5.4	Have you been victimised by another prisoner?	28%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	2%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	0%
5.6	Have you been victimised by a member of staff?	40%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	1%

## Diversity Analysis

### Key to tables

	Any percent highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	42%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	20%	25%
6.1a	Is it easy/very easy to see the doctor?	29%	32%
6.1b	Is it easy/ very easy to see the nurse?	66%	58%
6.2	Are you able to see a pharmacist?	42%	43%
6.5	Are you currently taking medication?	24%	47%
6.7	Do you feel you have any emotional well-being/mental health issues?	29%	27%
7.1a	Are you currently working in the prison?	52%	62%
7.1b	Are you currently undertaking vocational or skills training?	18%	14%
7.1c	Are you currently in education (including basic skills)?	39%	17%
7.1d	Are you currently taking part in an offending behaviour programme?	23%	18%
7.3	Do you go to the library at least once a week?	62%	24%
7.4	On average, do you go to the gym at least twice a week?	57%	43%
7.5	On average, do you go outside for exercise three or more times a week?	34%	39%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	3%
7.7	On average, do you go on association more than five times each week?	59%	66%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	8%	10%
8.1	Do you have a personal officer?	67%	58%
8.9	Have you had any problems sending or receiving mail?	59%	66%
8.10	Have you had any problems getting access to the telephones?	39%	40%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Moorland (closed) 2010

Prisoner survey responses (missing data has been excluded for each question). Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		30	161
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	7%	7%
1.8	Is English your first language?	100%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
1.11	Are you Muslim?	0%	8%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	14%	27%
2.1d	Was the attention paid to your health needs good/very good?	41%	26%
2.3	Were you treated well/very well by the escort staff?	55%	61%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	78%	84%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	25%	37%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	38%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	48%
3.2a	Did you have any problems when you first arrived?	83%	66%
3.3a	Were you seen by a member of health care staff in reception?	80%	85%
3.3b	When you were searched in reception, was this carried out in a respectful way?	62%	72%
3.4	Were you treated well/very well in reception?	47%	48%
3.7b	Did you have access to someone from health care within the first 24 hours?	77%	77%
3.9	Did you feel safe on your first night here?	70%	79%
3.10	Have you been on an induction course?	89%	87%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	30%

## Diversity Analysis - Disability

### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	48%
4.3b	Are you normally able to have a shower every day?	73%	73%
4.3e	Is your cell call bell normally answered within five minutes?	25%	22%
4.4	Is the food in this prison good/very good?	7%	11%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	43%
4.6a	Is it easy/very easy to get a complaints form?	82%	84%
4.6b	Is it easy/very easy to get an application form?	74%	81%
4.9	Have you made a complaint?	78%	57%
4.13	Are you on the enhanced (top) level of the IEP scheme?	37%	52%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	60%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	10%	12%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	19%
4.17a	Do you feel your religious beliefs are respected?	52%	39%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	47%
4.18	Are you able to speak to a Listener at any time if you want to?	48%	53%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	60%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	52%	60%
5.1	Have you ever felt unsafe in this prison?	55%	32%
5.2	Do you feel unsafe in this prison at the moment?	37%	15%
5.4	Have you been victimised by another prisoner?	32%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%
5.5i	Victimised you because you have a disability?	10%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	48%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	6%
5.7h	Victimised you because you have a disability?	7%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	4%

## Diversity Analysis - Disability

### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	55%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	50%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	42%	21%
6.1a	Is it easy/very easy to see the doctor?	41%	31%
6.1b	Is it easy/ very easy to see the nurse?	78%	57%
6.2	Are you able to see a pharmacist?	47%	43%
6.5	Are you currently taking medication?	74%	36%
6.7	Do you feel you have any emotional well-being/mental health issues?	70%	19%
7.1a	Are you currently working in the prison?	65%	59%
7.1b	Are you currently undertaking vocational or skills training?	8%	16%
7.1c	Are you currently in education (including basic skills)?	23%	22%
7.1d	Are you currently taking part in an offending behaviour programme?	16%	19%
7.3	Do you go to the library at least once a week?	19%	35%
7.4	On average, do you go to the gym at least twice a week?	15%	51%
7.5	On average, do you go outside for exercise three or more times a week?	42%	37%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	3%
7.7	On average, do you go on association more than five times each week?	65%	65%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	10%	9%
8.1	Do you have a personal officer?	74%	55%
8.9	Have you had any problems sending or receiving mail?	60%	65%
8.10	Have you had any problems getting access to the telephones?	48%	39%

## Main comparator and comparator to last time



### Prisoner Survey Responses HMP Moorland (Closed) 2010

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

Any percent highlighted in green is significantly better		Prisoners under the age of 21	Prisoners aged 21 and over
Any percent highlighted in blue is significantly worse			
Any percent highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
<b>Number of completed questionnaires returned</b>		76	118
<b>SECTION 1: General information</b>			
2	Are you under 21 years of age?	91%	3%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	7%	14%
4a	Is your sentence less than 12 months?	0%	8%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	9%
5	Do you have six months or less to serve?	38%	49%
6	Have you been in this prison less than a month?	4%	7%
7	Are you a foreign national?	9%	5%
8	Is English your first language?	95%	97%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)	30%	16%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%
11	Are you Muslim?	8%	6%
12	Are you homosexual/gay or bisexual?	3%	0%
13	Do you consider yourself to have a disability?	12%	18%
14	Is this your first time in prison?	38%	17%
15	Have you been in more than five prisons this time?	8%	10%
16	Do you have any children under the age of 18?	26%	49%
<b>SECTION 2: Transfers and escorts</b>			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	39%	52%
1b	Was your personal safety during the journey good/very good?	70%	68%
1c	Was the comfort of the van good/very good?	10%	18%
1d	Was the attention paid to your health needs good/very good?	31%	26%
1e	Was the frequency of toilet breaks good/very good?	8%	6%
2	Did you spend more than four hours in the van?	9%	5%
3	Were you treated well/very well by the escort staff?	56%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	84%	81%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	14%
4c	When you first arrived here did your property arrive at the same time as you?	89%	93%

## Main comparator and comparator to last time

### Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	11%	12%
<b>1c</b>	Housing problems?	11%	14%
<b>1d</b>	Problems contacting employers?	4%	8%
<b>1e</b>	Problems contacting family?	35%	36%
<b>1f</b>	Problems ensuring dependants were looked after?	8%	9%
<b>1g</b>	Money problems?	10%	7%
<b>1h</b>	Problems of feeling depressed/suicidal?	36%	43%
<b>1i</b>	Health problems?	42%	53%
<b>1j</b>	Problems in needing protection from other prisoners?	11%	13%
<b>1k</b>	Problems accessing phone numbers?	36%	36%
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	65%	71%
<b>2b</b>	Did you have any problems with loss of property?	24%	21%
<b>2c</b>	Did you have any housing problems?	22%	20%
<b>2d</b>	Did you have any problems contacting employers?	8%	2%
<b>2e</b>	Did you have any problems contacting family?	37%	29%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	3%	5%
<b>2g</b>	Did you have any money worries?	21%	12%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	14%	13%
<b>2i</b>	Did you have any health problems?	22%	27%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	10%	9%
<b>2k</b>	Did you have problems accessing phone numbers?	32%	35%
<b>3a</b>	Were you seen by a member of health services in reception?	88%	81%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	71%	68%
<b>4</b>	Were you treated well/very well in reception?	44%	50%
<b>5</b>	On your day of arrival, were you offered any of the following information:		
<b>5a</b>	Information about what was going to happen to you?	42%	37%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	47%	48%
<b>5c</b>	Information about how to make routine requests?	36%	39%
<b>5d</b>	Information about your entitlement to visits?	53%	50%
<b>5e</b>	Information about health services?	47%	59%
<b>5f</b>	Information about the chaplaincy?	50%	60%

## Main comparator and comparator to last time

### Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction continued</b>			
<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	93%	95%
<b>6b</b>	The opportunity to have a shower?	24%	30%
<b>6c</b>	The opportunity to make a free telephone call?	43%	46%
<b>6d</b>	Something to eat?	56%	70%
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	47%	47%
<b>7b</b>	Someone from health services?	77%	76%
<b>7c</b>	A Listener/Samaritans?	63%	47%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	11%	6%
<b>9</b>	Did you feel safe on your first night here?	77%	77%
<b>10</b>	Have you been on an induction course?	91%	85%
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	45%	50%
<b>SECTION 4: Legal rights and respectful custody</b>			
<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	28%	33%
<b>1b</b>	Attend legal visits?	45%	59%
<b>1c</b>	Obtain bail information?	12%	12%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	53%
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	44%	53%
<b>3b</b>	Are you normally able to have a shower every day?	38%	95%
<b>3c</b>	Do you normally receive clean sheets every week?	78%	74%
<b>3d</b>	Do you normally get cell cleaning materials every week?	13%	54%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	24%	21%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	65%
<b>3g</b>	Can you normally get your stored property if you need to?	30%	20%
<b>4</b>	Is the food in this prison good/very good?	11%	9%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	43%
<b>6a</b>	Is it easy/very easy to get a complaints form?	80%	86%
<b>6b</b>	Is it easy/very easy to get an application form?	69%	88%
<b>7</b>	Have you made an application?	92%	94%

## Main comparator and comparator to last time

### Key to tables

Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
<b>SECTION 4: Legal rights and respectful custody continued</b>		
For those who have made an application:		
<b>8a</b>	Do you feel applications are dealt with fairly?	53% 50%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	44% 40%
<b>9</b>	Have you made a complaint?	50% 68%
For those who have made a complaint:		
<b>10a</b>	Do you feel complaints are dealt with fairly?	25% 24%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	28% 38%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	36% 20%
<b>10c</b>	Were you given information about how to make an appeal?	17% 33%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	17% 33%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	43% 53%
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	47% 67%
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	40% 49%
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	17% 8%
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	25% 13%
<b>13a</b>	Do you feel your religious beliefs are respected?	30% 48%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	43% 53%
<b>14</b>	Are you able to speak to a Listener at any time if you want to?	46% 56%
<b>15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	49% 66%
<b>15b</b>	Do most staff, in this prison, treat you with respect?	47% 64%
<b>SECTION 5: Safety</b>		
<b>1</b>	Have you ever felt unsafe in this prison?	44% 31%
<b>2</b>	Do you feel unsafe in this prison at the moment?	18% 18%
<b>4</b>	Have you been victimised by another prisoner?	19% 14%
<b>5</b>	Since you have been here, has another prisoner:	
<b>5a</b>	Made insulting remarks about you, your family or friends?	7% 8%
<b>5b</b>	Hit, kicked or assaulted you?	6% 5%
<b>5c</b>	Sexually abused you?	0% 1%
<b>5d</b>	Victimised you because of your race or ethnic origin?	3% 5%
<b>5e</b>	Victimised you because of drugs?	1% 2%
<b>5f</b>	Taken your canteen/property?	10% 5%
<b>5g</b>	Victimised you because you were new here?	7% 5%
<b>5h</b>	Victimised you because of your sexuality?	0% 0%
<b>5i</b>	Victimised you because you have a disability?	3% 1%
<b>5j</b>	Victimised you because of your religion/religious beliefs?	1% 1%
<b>5k</b>	Victimised you because of your age?	3% 0%
<b>5l</b>	Victimised you because you were from a different part of the country?	6% 6%
<b>5m</b>	Victimised you because of your offence/crime?	1% 1%
<b>5n</b>	Victimised you because of gang related issues?	4% 3%

## Main comparator and comparator to last time

### Key to tables

Any percent highlighted in green is significantly better		Prisoners under the age of 21	Prisoners aged 21 and over
Any percent highlighted in blue is significantly worse			
Any percent highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
<b>SECTION 5: Safety continued</b>			
<b>6</b>	Have you been victimised by a member of staff?	25%	28%
<b>7</b>	Since you have been here, has a member of staff:		
<b>7a</b>	Made insulting remarks about you, your family or friends?	14%	15%
<b>7b</b>	Hit, kicked or assaulted you?	4%	4%
<b>7c</b>	Sexually abused you?	0%	2%
<b>7d</b>	Victimised you because of your race or ethnic origin?	7%	5%
<b>7e</b>	Victimised you because of drugs?	3%	5%
<b>7f</b>	Victimised you because you were new here?	7%	5%
<b>7g</b>	Victimised you because of your sexuality?	1%	0%
<b>7h</b>	Victimised you because you have a disability?	1%	1%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	4%	4%
<b>7j</b>	Victimised you because of your age?	4%	1%
<b>7k</b>	Victimised you because you were from a different part of the country?	8%	6%
<b>7l</b>	Victimised you because of your offence/crime?	3%	2%
<b>7m</b>	Victimised you because of gang related issues?	4%	4%
For those who have been victimised by staff or other prisoners:			
<b>8</b>	Did you report any victimisation that you have experienced?	22%	57%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	29%	27%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	26%	31%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	18%	28%
<b>SECTION 6: Health care</b>			
<b>1a</b>	Is it easy/very easy to see the doctor?	30%	33%
<b>1b</b>	Is it easy/very easy to see the nurse?	67%	55%
<b>1c</b>	Is it easy/very easy to see the dentist?	9%	11%
<b>1d</b>	Is it easy/very easy to see the optician?	10%	14%
<b>2</b>	Are you able to see a pharmacist?	49%	39%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
<b>3a</b>	The doctor?	56%	44%
<b>3b</b>	The nurse?	56%	58%
<b>3c</b>	The dentist?	22%	33%
<b>3d</b>	The optician?	30%	27%
<b>4</b>	The overall quality of health services?	37%	33%

## Main comparator and comparator to last time

### Key to tables

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Health care continued</b>			
5	Are you currently taking medication?	22%	55%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	73%	54%
7	Do you feel you have any emotional well-being/mental health issues?	20%	33%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	18%	23%
8b	A doctor?	37%	48%
8c	A nurse?	27%	20%
8d	A psychiatrist?	63%	13%
8e	The mental health in-reach team?	54%	26%
8f	A counsellor?	27%	13%
9a	Did you have a drug problem when you came into this prison?	22%	36%
9b	Did you have an alcohol problem when you came into this prison?	18%	24%
10a	Have you developed a drug problem since you have been in this prison?	1%	9%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	91%	96%
12	Have you received any help or intervention while in this prison?	76%	86%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	42%	78%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	10%	31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	14%	27%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	71%	65%

## Main comparator and comparator to last time

### Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 7: Purposeful activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	53%	65%
<b>1b</b>	Vocational or skills training?	16%	14%
<b>1c</b>	Education (including basic skills)?	29%	17%
<b>1d</b>	Offending Behaviour Programmes?	17%	20%
<b>2ai</b>	Have you had a job while in this prison?	74%	86%
For those who have had a prison job while in this prison:			
<b>2aii</b>	Do you feel the job will help you on release?	40%	46%
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	63%	72%
For those who have had vocational or skills training while in this prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	66%	60%
<b>2ci</b>	Have you been involved in education while in this prison?	70%	71%
For those who have been involved in education while in this prison:			
<b>2cii</b>	Do you feel the education will help you on release?	74%	59%
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	72%	72%
For those who have been involved in offending behaviour programmes while in this prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	72%	58%
<b>3</b>	Do you go to the library at least once a week?	40%	27%
<b>4</b>	On average, do you go to the gym at least twice a week?	42%	47%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	39%	36%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	4%	2%
<b>7</b>	On average, do you go on association more than five times each week?	31%	88%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	8%	9%
<b>SECTION 8: Resettlement</b>			
<b>1</b>	Do you have a personal officer?	54%	61%
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	40%	47%
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	83%	78%
For those with a sentence plan?			
<b>4</b>	Were you involved/very involved in the development of your plan?	54%	60%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	80%	82%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	47%	31%
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	32%	33%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	4%	20%
<b>9</b>	Have you had any problems with sending or receiving mail?	67%	63%
<b>10</b>	Have you had any problems getting access to the telephones?	54%	30%
<b>11</b>	Did you have a visit in the first week that you were here?	50%	35%
<b>12</b>	Did you receive one or more visits in the last week?	48%	31%

## Main comparator and comparator to last time

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<b>Resettlement continued</b>			
For those who have had visits:			
<b>13</b>	How are you and your family/ friends usually treated by visits staff? (Very well/well)	30%	37%
<b>14</b>	Have you been helped to maintain contact with family/friends while in this prison?	29%	30%
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	15%	5%
<b>15c</b>	Avoiding bad relationships?	16%	4%
<b>15d</b>	Finding a job on release?	24%	20%
<b>15e</b>	Finding accommodation on release?	31%	24%
<b>15f</b>	With money/finances on release?	18%	11%
<b>15g</b>	Claiming benefits on release?	20%	24%
<b>15h</b>	Arranging a place at college/continuing education on release?	24%	11%
<b>15i</b>	Accessing health services on release?	18%	14%
<b>15j</b>	Opening a bank account on release?	13%	13%
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?		
<b>16b</b>	Maintaining good relationships?	11%	15%
<b>16c</b>	Avoiding bad relationships?	11%	14%
<b>16d</b>	Finding a job?	54%	53%
<b>16e</b>	Finding accommodation?	24%	44%
<b>16f</b>	Money/finances?	24%	29%
<b>16g</b>	Claiming benefits?	23%	33%
<b>16h</b>	Arranging a place at college/continuing education?	20%	20%
<b>16i</b>	Accessing health services?	11%	16%
<b>16j</b>	Opening a bank account?	26%	37%
For those who are sentenced:			
<b>17</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	48%	41%